



AUSTRALIAN & NEW ZEALAND SOCIETY OF RESPIRATORY SCIENCE INC.

(www.anzsrs.org.au)

Leading Respiratory Science in Australasia through the 21st Century

Expenses Claim Form

Name: _____ Member No: _____

Address: _____ P/Code: _____

Contact Ph (wk): _____ (mob): _____ email: _____

ASM/Travel Expenses Claim

Meeting Attended: _____

Travel: From: _____ To: _____

Reason: _____

EXPENSES:

Air or other equivalent travel: _____ \$ _____

Ground travel (airport bus, taxi, etc.): _____ \$ _____

Car mileage – distance travelled _____ kms Engine capacity: _____ cc \$ _____
The ATO rate will be applied by the Treasurer

Accommodation: _____ nights at \$ _____ per night \$ _____

Other expenses: _____ \$ _____

Total: \$ _____

General Expenses Claim

Please List: _____ \$ _____

_____ \$ _____

_____ \$ _____

Total: \$ _____

I hereby declare that the above expenditure was incurred while on ANZSRS business.

Signed: _____ Date: _____

It is an audit requirement that all supporting documentation be provided before a refund can be made.

Please return this form and supporting documentation, including receipts, to:

Danny Brazzale - Hon. Treasurer, ANZSRS
Respiratory Laboratory
Austin Hospital
PO Box 5555
Heidelberg VIC 3073
Australia

Phone: +61 (3) 9496 5786
Fax: +61 (2) 9496 3723
Email: danny.brazzale@austin.org.au

Treasurer use only:

Attributed to: _____ Cheque No: _____ EFT _____

Amount: \$ _____ Date: _____



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