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# anzsrs

Australian and New Zealand Society of Respiratory Science Ltd  
Leading Respiratory Science in Australasia through the 21<sup>st</sup> Century

## Expense Claim Form

<b>Name</b>				
<b>Address</b>				
<b>Telephone</b>		<b>Mobile</b>		<b>email</b>

### ASM/Travel Expense Claim

Meeting attended	
Travel (from / to)	
Reason	

### Expenses

Item		Cost \$
Airfares		
Ground travel (bus, taxi, etc)		
Car mileage (The ATO rate will be applied)		
Accommodation (no. of nights and rate)		
Other expenses		
<b>Total claim</b>		

### General Expenses

Description	Cost \$
<b>Total</b>	

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

ANZSRS Secretariat  
Festival City Conventions Pty Ltd  
PO Box 949  
KENT TOWN SA 5071  
AUSTRALIA

Phone: 08 8363 1307  
Phone (A/H): 0414 828 731  
Fax: 08 8363 1604  
Email: [info@fcconventions.com.au](mailto:info@fcconventions.com.au)  
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Payment Details				
Attributed to		Cheque No.		EFT
Amount \$		Date		Payment by