



Oakleigh State School
Parents and Citizens Association
ABN: 91 786 518 976

Expense Claim Form

DATE: _____

NAME: _____

Reason for purchase:

<u>Item purchased</u>	<u>Amt</u>	<u>Receipt attached</u>
.....	\$	Y/N
.....	\$	Y/N
.....	\$	Y/N
.....	\$	Y/N
.....	\$	Y/N
.....	\$	Y/N
TOTAL	\$	

**Please note your preferred method of reimbursement:
 (cheque reimbursements will be returned via your child)**

Direct Deposit

Account Name: _____

BSB: _____

Account Number: _____

Cheque

Child name: _____ Class: _____

<u>OFFICE USE ONLY</u>		
Approved	/	/
Paid	/	/
Entered/Reconciled	/	/