

Papamoa Football Club Incorporated									
Expenses Claim for:		Month			Year				
NB. Receipts required for all expenditure please. Where no receipt available, please state reason clearly.									
Date	Value	Detail							
<b>Total</b>									
Name:									
Position:									
Address:									
Bank Account Number (for reimbursement):									
Bank Account Name:									
Signature:									
NB: By signing and submitting this claim, you confirm that this expenditure has been genuinely incurred, and incurred for the purposes of Papamoa Football Club business. If in any doubt, please contact the Treasurer.									