



**RAC Expense Claim Form**

(Please Print)

NAME:.....

ADDRESS:.....

RAC: .....

MEETING DATE :...../...../..... HELD AT:.....

**Please advise for EFT payment of fees:**

BSB: ..... Account No: .....

Account Name:.....

TRAVEL: Return / Single (circle one)

Car From ..... To ..... Klms ..... \$ .....

| Vehicle Engine capacity (tick one)           |                          |
|--|--------------------------|
| 1600cc (1.6 litre) or less                   | <input type="checkbox"/> |
| 1601cc - 2600cc<br>(1.601 litre - 2.6 litre) | <input type="checkbox"/> |
| 2601cc (2.601 litre) and over                | <input type="checkbox"/> |

Taxi / Bus From ..... To ..... \$ .....

Air / Train From ..... To ..... \$ .....

**TOTAL AMOUNT CLAIMED** \$.....

SIGNATURE OF CLAIMANT:..... DATE.....

AUTHORISED BY:..... RAC Coordinator

Please send Expense Claim to:

RAC Coordinator  
Grains Research Foundation Ltd  
PO Box 299  
Southtown Qld 4350

Fax: 07 46152299

|                  |  |
|------------------|--|
| Class            |  |
| Line of Business |  |
| Cheque No.       |  |
| Reclaim From     |  |

(office use only)