

**EXPENSE CLAIM** (Please Print)



Name: ..... Mailing Address: .....

ABN: .....

Registered for GST:  Yes  No .....

Note: If you are registered for GST, please add GST to your sitting fees.

Please advise for EFT payment of fees: BSB: ..... Account No: .....

Account Name:.....

**Meeting/Sitting Fees**

OFFICE USE ONLY: 6-2060

**Meeting Details**

(tick)

Date:..... Held at ..... Board Meeting Fee  \$.....

Date:..... Held at:..... Special/Assignment Fee  \$.....

Purpose of Assignment: .....

**Vehicle Allowance:**

**Distance Travelled:**

OFFICE USE ONLY: 6-2080

Vehicle Engine Capacity (Tick one)  1600cc or less  1601cc-2600cc  2601cc or more

From: ..... to ..... & Return km ..... \$.....

**Air Travel:**

OFFICE USE ONLY: 6-2070

From: ..... To: .....

From: ..... To: .....

\$.....

**Claimed Reimbursements:** (tax invoices must be attached for all claimed reimbursements)

OFFICE USE ONLY:  
ACCOMMODATION: 6-2010  
MEALS: 6-2040  
CAR PARKING 6-2050  
CAR HIRE & FUEL 6-2070  
OTHER 6-2050

| Item  | Amount  |
|-------|---------|
| ..... | \$..... |
| ..... | \$..... |
| ..... | \$..... |
| ..... | \$..... |

Total: \$.....

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

Signature of Claimant: ..... Date: .....

Authorised: ..... GRFL Company Secretary

Please send Expense Claim Form to:  
Company Secretary, Grains Research Foundation Ltd, PO Box 299, Southtown Qld 4350  
OR Fax: 07 4615 2299