## **AFS Australia expense sheet**

| Name: Date:                       |   |               |  |                 |                  |          |                   |  |
|-----------------------------------|---|---------------|--|-----------------|------------------|----------|-------------------|--|
| Address:                          |   |               |  |                 |                  |          |                   |  |
| E-mail:                           |   |               |  |                 |                  |          |                   |  |
| Mobile:                           |   |               |  |                 |                  | For acco | For accounts use: |  |
| Date                              | Description of Expense  | Net<br>Amount |  | Total<br>Amount | Receipt attached | Code     | Class             |  |
|                                   |   |               |  |                 |                  |          |                   |  |
|                                   |   |               |  |                 |                  |          |                   |  |
|                                   |   |               |  |                 |                  |          |                   |  |
|                                   |   |               |  |                 |                  |          |                   |  |
|                                   |   |               |  |                 |                  |          |                   |  |
|                                   |   |               |  |                 |                  |          |                   |  |
|                                   |   |               |  |                 |                  |          |                   |  |
|                                   |   |               |  |                 |                  |          |                   |  |
|                                   |   |               |  |                 |                  |          |                   |  |
|                                   |   |               |  |                 |                  |          |                   |  |
|                                   |   |               |  |                 |                  |          |                   |  |
|                                   | Totals  |               |  |                 |                  |          |                   |  |
|                                   |   |               |  |                 |                  |          |                   |  |
| Requested by                      |   |               | Date:  |                 |                  |          |                   |  |
| Note:                             |   |               |  |                 |                  |          |                   |  |
|                                   | Expenses MUST be supported by a tax invoice / receipt.  |               | BSB: A/C No.  Note: BSB must contain 6 digits  Account Name: |                 |                  |          |                   |  |
|                                   | Please use a separate sheet for medical claims.   |               |  |                 |                  |          |                   |  |
|                                   | For travel claims, claim cost of fuel bought =>start with full tank of petrol & refill at end of AFS travel. Please also note KM's travelled. |               |  |                 |                  |          |                   |  |
| Contact Person: Sally Farquharson |   | PO Box 5      | Strawberry H   | lills           |                  |          |                   |  |
| aus.accounts@afs.org              |   | NSW           | 2012   |                 |                  |          |                   |  |