



District 112 Toastmasters

Expense / Mileage Claim Form

Expense Claims Must be typed

|              |  |  |  |
|--------------|--|--|--|
| Name         |  | Bank Account Number for this claim<br>(We only pay by internet transfer) |  |
| Role         |  |  |  |
| Phone Number |  | Payee Name<br>(if paying someone else)                                   |  |
| Email        |  |  |  |

| DATE | DETAILS<br>(Company name on receipt) | RECEIPT TOTAL | Kilometres | DESCRIPTION<br>(Description of what is being claimed; e.g. parking) |
|------|--------------------------------------|---------------|------------|---|
|      |                                      |               |            |   |
|      |                                      |               |            |   |
|      |                                      |               |            |   |
|      |                                      |               |            |   |
|      |                                      |               |            |   |
|      |                                      |               |            |   |
|      |                                      |               |            |   |

Formulas \*Please don't change\*

|    |   |                         |
|----|---|-------------------------|
|    | - | Total kms               |
| \$ | - | Total kms x 50 cents/km |
| \$ | - | Total Receipts          |
| \$ | - | TOTAL AMOUNT CLAIMED    |

I certify that these expenses were properly incurred by me in the execution of my duties as a District Officer, that the expenditure is within my budget allocation and that these expenses will not be reimbursed by any other party.

Signed:

Date:

EXPENSE CLAIM APPROVAL PROCESS

| First Level Approval  | Approved by:             | Date | Name & Signature | Budget Coding   |
|---|--------------------------|------|------------------|---|
| Division, Area & Club Expenses / Claims                                   | Division Director        |      |                  | <input type="checkbox"/> Conference                     |
| District Conference Expenses  | Conference Chair         |      |                  | <input type="checkbox"/> Marketing Outside Toastmasters |
|   |                          |      |                  | <input type="checkbox"/> Recognition                    |
| Second Level Approval   |                          |      |                  | <input type="checkbox"/> Club Growth                    |
|   | District Director        |      |                  | <input type="checkbox"/> Public Relations               |
| (1) Approvals as above  | Program Quality Director |      |                  | <input type="checkbox"/> Education & training           |
| (2) Claim forwarded to Finance Manager to arrange second level approvals. | Club Growth Director     |      |                  | <input type="checkbox"/> Speech contest                 |
| Top Table Officers send their claims direct to the Finance Manager        | District Finance Manager |      |                  | <input type="checkbox"/> Administration                 |
|   |                          |      |                  | <input type="checkbox"/> Food and Meals                 |
|   |                          |      |                  | <input type="checkbox"/> Travel                         |
|   |                          |      |                  | <input type="checkbox"/> Lodging                        |