### Expense Reimbursement Claim

**Lismore Diocesan Sport Manager**

<table>
<thead>
<tr>
<th>Date</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Other</th>
<th>Other (eg Mobile Phone)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>$</td>
<td>-</td>
<td>$</td>
<td>-</td>
<td>$</td>
</tr>
</tbody>
</table>

I hereby submit a reimbursement claim for $__________ being expenses incurred and paid by me as Manager of the Diocesan team from ____________ to ____________

("Note: Total expense not to exceed $45 per day")

Note: Claims need to be submitted by the Monday of pay week to ensure payment.

Claimant Signature: __________________________

Claimant Name: __________________________

Diocesan Sport and Health Coordinator Signature: __________________________

Date: __________________________

**Office Use:**

- Amount reimbursed: $__________ (GST included $__________)

- Pay Run (if payroll method): __________________________

- Census Cd: __________________________

- Receipt of Cash (if cash pickup method): __________________________

Claimant Signature: __________________________

Signatures:

- Accounts Staff Signature: __________________________

- Date: __________________________

- Director's Signature: __________________________

- Date: __________________________

Additional Comments: __________________________