



**Vintage Sports Car Club WA (Inc.)
Claim for Accommodation Re-imbusement**

Event(s):

Applicant Name:

Address to send payment:

BSB: **A/c No**

	DAY 1	DAY 2	DAY 3
Official Position			
Supervisor's Name			
Verified (Office Use)			

Accommodation Type: (Circle) Single Shared

If Shared, Name of other Official:

	DAY 1	DAY 2	DAY 3
Official Position			
Supervisor's Name			
Verified (Office Use)			

Distance: (Tick)

- More than 100km and less than 400km from place of residence.

- More than 400 km from place of residence.


Accommodation Claim **Nights at \$** **Total request \$**

Signed Applicant: **Date**/...../.....

1. Attach **ORIGINAL** receipt(s) to the back of this sheet:

2. **Send completed document to:** entries@vscwa.com.au

or mail to: VSCC of WA (Inc)
 PO Box 7277
 Spearwood WA 6063

Office Use Only	Date	Signature
Verified 	/ / /	Senior Official/Sec. of Meeting
\$..... Amount to Pay	Paid on / / /	Treasurer