

**CLAIM FORM FOR EXPENSES**

**Claim form to be used by Members and Volunteers**

**DATE OF CLAIM:**        /        /2011

<b>Name of Claimant</b>			
<b>Address</b>	<b>Residential:</b>	<b>Postcode:</b>	
	<b>Postal: If same write "As Above"</b>	<b>Postcode:</b>	
<b>Phone Contact:</b>	<b>Mobile Contact:</b>		
<b>Email</b>			
<b>Reasons for claim (circle)</b>	Volunteer Reimbursement / Financial Assistance for Bills / Reimbursement Expenses from Appeal Trust Fund / Funeral Assistance / Educational Tutors / Medical Equipment / Therapy / OTHER		
If Other please explain:			
Have you received any funds by other charities, third parties, monetary gifts in Memoriam for the purposes of these invoices/receipts? <b>YES/ NO</b>		If Yes what is the value of those gifts? \$ _____ <b>(this amount will be deducted from the total of the receipts/invoices)</b>	
Invoices supplied <b>YES / NO</b> Receipts supplied <b>YES / NO</b> <small>(please attach on the back of claim)</small> No of Receipts Supplied: _____ No of Invoices: _____ \$ _____ . _____	Use details on file YES/NO or forward by EFT to details below: <b>BSB</b> ____ - ____ <b>Account Number:</b> _____ <b>Name of Account:</b> <b>Name of Bank where account is held</b>		

I hereby declare that the attached invoice/s and receipts are for expenses incurred by me (the claimant) or by my dependants and were paid by me and have not been previously claimed by Hannah's Foundation or **any other third Party person or charity/organisation or Government Department**. I understand that this reimbursement **prevents any of the invoices/receipts supplied being used for Tax Deductible Purposes**. I understand that by signing this claim form **any false declaration would result in my membership and reimbursement being cancelled** and action will be forwarded to the relevant authorities.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_