****EXPENDITURE/REIMBURSEMENT
APPROVAL FORM

APPROVAL FOR EXPENDITURE/REIMBURSEMENT

## Personal Details

|  |  |
| --- | --- |
| **Name** |  |
| **Email address** |  |
| **Phone number** |  |

## Funding Request

|  |  |
| --- | --- |
| **Short description** |  |
| **Cost** |  |
| **Date of expenditure** |  |

Has this expenditure been approved by the FIT Committee?

Yes ⬜ No ⬜

Committee meeting date (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REIMBURSEMENT

*If claiming personal reimbursement for a coaching accreditation, FA, or CPR, please attach the following and email to FIT Coaching Coordinator at coach@fitact.org.au*

*\* a copy of the certificate/ statement of attainment*

*\* a copy of an invoice showing payment*

* *this reimbursement form completed*

How should this payment be made - please select one:

1. FIT to pay on receipt of invoice: Yes ⬜ No ⬜
2. FIT debit card: Yes ⬜ No ⬜
3. Personal Reimbursement: BSB:

 Account Number:

 Account Name:

## Approval

I confirm that I have approved the expenditure listed above as a legitimate FIT expense and recommend that the claim is reimbursed.

Coach/Committee Member signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        Date:   \_\_\_\_\_\_\_\_\_\_\_\_\_