**District 72 Toastmasters**

**Expense Claim Form 2022-23**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bank Account Number** for this claim: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payee Name – If paying someone else: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details of Claim:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of invoice or receipt** | **Details** | **Reason** | **GST** | **Amount** | *Office Use:* *Code* |
|  |  |  | $ | $ |  |
|  |  |  | $ | $ |  |
|  |  |  | $ | $ |  |
|  |  |  | $ | $ |  |
|  |  |  | $ | $ |  |
| **TOTAL:**  | $ |  |

**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.

Claimant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of claim:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Claimant selects one expense category below** (Area, Division, Conference or District), i.e. delete other tick boxes **🗹**  |
| **Area Director 🗹** | **Division Director 🗹** | **District Conference Expense 🗹** | **District Expense 🗹** |
| **Authorizer Role:** | **Authorizer Name:** | **Authorizer Signature:** | **Date Authorized:** |
| Division Director |  |  |  |
| Programme Quality Director **(PQD)** | Glen Pearce |  |  |
| Club Growth Director **(CGD)** | Mary Jaksch |  |  |
| Conference Chair  |  |  |  |
| Conference Treasurer |  |  |  |
| District Director | Kathryn Duncan |  |  |
| **Office Use Only** | Direct Credit Date: |  |
| Amount Paid: |  |

**Important Notes for Expense Claims:**

* Minimum claim is $5.00
* **All receipts** must be **included** with the expense claim as proof of payment, **or**, if payment is required on a **third-party invoice**, this invoice must be included with claim form.
* When claiming air travel, ticket documentation showing arrival and departure locations and dates and times of travel, as well as cost, must be included with the expense claim.
* **Motor Vehicle travel** related to your role is to be charged at **40 cents per km** based on AA mileage. Round trip must **exceed 40km**, with the first 40km not being claimable (per trip). The "from & to" is to be shown in the details. Please **attach a copy of the AA, Wises or Google map/directions**. The rules relating to Travel Expenses are in the District Financial Guidelines on the website.
* **Claims need to be with the District Finance Manager within 60 days of expense in order to be accepted**.

**Expense Claim Processing Flowchart:**

**Create Expense Claim**

Attach Supporting Documentation

**Area,
Division/District or Conference expense?**

Division/District

Area Director

Conference

**Claim passed to either PQD or CGD for approval**

**Claim approved by Conference Chair or Treasurer**

**Claim passed to Division Director for approval**

**Claim passed to District Finance Manager**

**Claim to be approved by District Director**

**Is the claim >$500?**

No

Yes

**Claim to be approved by District Director AND either PQD or CGD**

**Approved claim paid by District Finance Manager**

Please ensure your claim is completed correctly and **received by the Finance Manager** no later than the **10th of the month** to ensure reimbursement in the same month