



RAC Expense Claim Form

(Please Print)

NAME:.....

ADDRESS:.....

RAC:

MEETING DATE :...../...../..... **HELD AT:**.....

Please advise for EFT payment of fees:

BSB: **Account No:**

Account Name:.....

TRAVEL: Return / Single (circle one)

Car **From** **To** **Klms** **\$**

Vehicle Engine capacity (tick one)	
1600cc (1.6 litre) or less	<input type="checkbox"/>
1601cc - 2600cc (1.601 litre - 2.6 litre)	<input type="checkbox"/>
2601cc (2.601 litre) and over	<input type="checkbox"/>

Taxi / Bus **From** **To** **\$**

Air / Train **From** **To** **\$**

TOTAL AMOUNT CLAIMED **\$**.....

SIGNATURE OF CLAIMANT:..... **DATE**.....

AUTHORISED BY:..... **RAC Coordinator**

Please send Expense Claim to:

**RAC Coordinator
Grains Research Foundation Ltd
PO Box 299
Southtown Qld 4350**

Fax: 07 46152299

Class	
Line of Business	
Cheque No.	
Reclaim From	

(office use only)