



Victorian Bands' League Inc.

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ACTIVITY CLAIM FORM

Name: _____

Address: _____

Telephone (h): _____ Telephone (w): _____

Telephone (mob): _____ Email: _____

Activity Details

Activity: _____

Location: _____

Date: _____

Expenses

Travel: Return trip distance: _____

Fuel Cost \$ _____

Accommodation: Number of nights _____

Accommodation expenses \$ _____

Meals: \$ _____

Other Expenses: _____

(provide details) _____

TOTAL: \$ _____

Signature: _____ Date: _____

Note: Please attach receipts to verify expenses.

This form may only be used by members of the VBL Executive Council or other persons authorised by the Executive Council to undertake work on behalf of the Victorian Bands' League Inc.