



AAA Reimbursement Form

Part A PERSONAL PARTICULARS

Full Name

Phone

Email:

Part B SHOW PARTICULARS (if relevant)

Show name:

Date of Show

Convenor Name

Part C EXPENSE CLAIM

Note that Tax Invoices MUST be attached to verify ALL claims up to a maximum of \$75 per day.

Mileage will be paid at 0.85 per km. Please give start and finish locations and total km

Expense	\$	Receipt attached
For judges only Per diem at \$75 per days + one		n/a
Total	\$	-

PART D DECLARATION

I acknowledge I have read the instructions relating to reimbursements and that the above costs were incurred by me in accordance with AAA Policies and I have attached relevant supporting documents. I have not received a separate payment from the show society or any other party in relation to this show.

Signature: _____

Date: _____

Australian Alpaca Association Ltd

PO Box 594 GUNGAHLIN ACT 2912 • +61 2 6151 2073 • info@alpaca.asn.au • www.alpaca.asn.au • ABN 30 067 146 481

A successful and sustainable alpaca industry in Australia.