



## AAA Reimbursement Form

### Part A PERSONAL PARTICULARS

Full Name

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Phone

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Email:

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### Part B SHOW PARTICULARS (if relevant)

Show name:

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Date of Show

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Convenor Name

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### 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 0.88 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**

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