



VICTORIAN SOARING ASSOCIATION INC: ABN 33426599881

Treasurer: Peter Buskens
Mobile: 0408 325 208; Email: treasurer@gliding.asn.au

VSA Claim Form
VSA subsidy and expenses claim form

Member making claim to complete this section:

*Required

Purpose of claim:

*Required

Name of claimant:

*Required

Club/Event:

*Required

Date of claim:

Amount claimed: \$

Claimant Bank Account Details:

*Required

BSB:

*Required

Account No.:

Details of expense claim/s:

If travel how many km's:

The only means available to VSA to make payments is by EFT. Accordingly Claimants must provide their Bank account details.

VSA re-imbusement for expenses, or claims for subsidy, are subject to Executive approval, or prior direction on agreed programs as determined from time to time.

Receipts for expenses should be forwarded along with this claim form

Pre-arranged or agreed subsidies to events, need not be substantiated by receipts.

VSA Approving Officer to complete this section:

VSA Approving Officer:.....

Signature:.....

Date:.....

Payment reference:

VSA Account code:

THE ASSOCIATION OF VICTORIAN GLIDING BODIES
REGISTERED UNDER ASSOCIATIONS INCORPORATION ACT 1981
REG. OFFICE : STATE GLIDING CENTRE SAMARIA RD BENALLA. VIC.3672