



SA STOEIFEDERASIE
SA WRESTLING FEDERATION

EXPENCE CLAIM

To: The Treasurer
 SASF
 Cell: 083 324 8697
 Fax: 086 679 9584

Claimant:
 Name: _____
 Address: _____

Reason for the claim (i.e. Executive Committee Meeting)

Summary of expenses

Travelling Expenses: _____ km @ _____ cent per km	R	_____
Vehicle Rental:	R	_____
Telephone:	R	_____
Postage:	R	_____
Refreshments:	R	_____
Accommodation:	R	_____
Printing & Stationary:	R	_____
Other (Specify): _____	R	_____
_____	R	_____
_____	R	_____
_____	R	_____
_____	R	_____
_____	R	_____
Total	R	_____

Claimants bank details for payment:
 Bank: _____
 Branch: _____
 Account number: _____
 Account holder: _____

Signature Claimant: _____ Date: _____

Approved _____
 Signature: _____ Name _____ Date _____

Signature Treasurer: _____ Date: _____