



Australian Institute of Radiography

The national professional organisation representing radiographers, radiation therapists and sonographers.
ABN 26 924 779 836

CLAIM FOR REIMBURSEMENT

CLAIMANT _____ DATE _____

AIR MEMBERSHIP NUMBER _____

TITLE OF SCHOLARSHIP / EVENT / MEETING _____

EFT

A/c Name

BSB Number

A/c Number

Email Address for Confirmation of Payment

CHEQUE

Address to be sent

.....

.....

Branch/Panel/Committee/Board.....

(Note: All Claims should have Receipts Attached)

Date	Particulars	Amount Pre GST	GST	GST Inclusive Amount
		Totals		

OFFICE USE ONLY

Paid from: GF / Conf / SPF A/c No:
.....

Chq / EFT

No:.....

DATE:.....

Amount:.....

Signed:.....

Requested By:

Approved By:

Updated 13/10/10 w:Administration/Pro_Formas/Reimbursement Form NEW 13.10.10

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