AUSTRALIAN INSTITUTE OF RADIOGRAPHY

A.B.N. 26 924 779 836

The national professional organization representing radiographers, radiation therapists and sonographers

Registered Office
1ST FLOOR 32 BEDFORD ST
COLLINGWOOD
VICTORIA 3066

CLAIM FOR REIMBURSEMENT

CLAIMANT ..... **DATE** .....

EFT
A/c Name .....
BSB Number .....
A/c Number .....

CHEQUE
Address to be sent .....
.....
.....

Email Address for Confirmation of Payment

.....

(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 29/2/08 – W: toula/standardocs/Claim form.doc

ALL CORRESPONDENCE TO: P.O. BOX 1169, COLLINGWOOD, VICTORIA 3066
Telephone: (03) 94193336 Facsimile (03) 94160783 Email: air@air.asn.au