

**No 314 (City of Wollongong) Squadron
 Australian Air Force Cadets**

Claim for Reimbursement of Expenses

Section 1 – to be completed by the member seeking reimbursement

Service Number	Rank	Initial(s)	Surname

Expense date	Description (including supplier)	Amount
Total:		

I certify that the expenses detailed above were incurred by me on behalf of 314SQNA AFC and were approved by the CO.

Signature	Date

Section 2 – to be completed by the Commanding Officer

Service Number	Rank	Initial(s)	Surname

Approved (YES/NO)	Signature	Date

Reason (if not approved)

Section 3 – to be completed by the Finance Officer

Service Number	Rank	Initial(s)	Surname

Date actioned	Cheque number	Signature	Date

Section 1 to be completed in blue or black ink and submitted to the FINO, with receipts attached.