

**HAEMOPHILIA FOUNDATION AUSTRALIAN CAPITAL TERRITORY
2011 HAEMOPHILIA CONFERENCE
CLAIM FOR EXPENSES**
Please fill in and send to PO Box 936 Canberra City ACT 2601
OR email to: president@hfact.org.au



Name _____	Telephone _____
Address _____	Home _____
_____ Postcode _____	Mobile _____
Email _____	Work (optional) _____

REGISTRATION (receipts to be attached)	
Details	Amount
Subtotal	

AIFARES (receipts to be attached)				
Airline	From	To	Flight number	Amount
	Canberra	Sydney		
	Sydney	Canberra		
Subtotal				

ACCOMMODATION (receipts to be attached)				
Hotel	Date arrival	Date depart	Number of nights	Amount
Subtotal				

ANY OTHER EXPENSES (receipts to be attached)	
Details	Amount
Subtotal	

PAYMENT OPTIONS	
Please pay by cheque	Yes / No
Please pay by direct debit	Yes / No
Bank name	
BSB	
Account No.	
Account Name	

TAXI FARES (receipts to be attached)		
From	To	Amount
Home	Airport	
Airport	Hotel	
Hotel	Airport	
Airport	Home	
Subtotal		

TOTAL CLAIMED	Grand total
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Sign please _____	Date ____ / ____ / ____
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