



QUEENSLAND CYCLIST ASSOCIATION INC.  
 Chandler Velodrome, Sleeman Sports Complex  
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**COMMISSAIRE EXPENSE CLAIM FORM**

**1 COMMISSAIRE DETAILS**

FIRST NAME \_\_\_\_\_ SURNAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 CLUB \_\_\_\_\_ EMAIL \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ SUBURB \_\_\_\_\_ POSTCODE \_\_\_\_\_

**2 EVENT DETAILS**

Name of Event \_\_\_\_\_ Venue \_\_\_\_\_  
 Host Club/Promoter \_\_\_\_\_ Date(s) \_\_\_\_\_  
 Type of Event:  Championship  Open  Tour  Restricted Open  
 I was the:  Chief Commissaire  Principal Commissaire  Assistant Commissaire

**3 DAILY ALLOWANCE** (Chief: \$60/day; Principal \$40/day; Assistant \$30/day)

Number of Days Officiated	Rate	Total
	\$	\$

**4 MILEAGE** (30c/km minimum 50km) Example: 275km = Reimbursement of \$82.50

Journey	Date	Travelled From	Travelled To	Total Kilometres	Total Reimbursement
Travel to Event	/ /			Km	
During Event	/ /			Km	
Travel Home from Event	/ /			Km	
<b>TOTAL</b>				Km	\$

**5 ACCOMMODATION & MEALS** (Please attach receipts for all accommodation & Meals)

Venue	Date	Amount	Date	Meal	Amount
		\$			\$
		\$			\$
<b>TOTAL</b>			<b>TOTAL</b>		

**6 FLIGHTS** (Please attach receipts for all flights)

Journey	Date	Travelled From	Travelled To	Total Reimbursement
Travel to Event	/ /			\$
Travel Home from Event	/ /			\$
<b>TOTAL</b>				\$

**7 SUMMARY OF REIMBURSEMENT**

Daily Allowance	Mileage	Accommodation	Meals	Flights	Total Amount Due
\$	\$	\$	\$	\$	\$

**8 COMMISSAIRE DECLARATION**

I hereby declare that the information provided above is true and accurate.

MEMBER SIGNATURE..... DATE \_\_\_/\_\_\_/\_\_\_

*Cycling Queensland is responsible for reimbursement of expenses for the Chief and Principals at all Open & Championship events.  
 The Host Club/Promoter is responsible for all remaining expenses of other officials.*

**9 BANK DETAILS** BSB \_\_\_\_\_ Account # \_\_\_\_\_ Bank \_\_\_\_\_

Office Use Only  
 Date Received \_\_\_\_\_ Approved By \_\_\_\_\_ Reimbursement Date \_\_\_\_\_