



**The Modern Language Teachers'
Association of Queensland Inc.**
Affiliated with the Australian and International Federations of
Modern Language Teachers' Associations (AFMLTA & FIPLV)
PO Box 3727 South Brisbane BC QLD 4101
www.mltaq.asn.au
ABN 11 338 967

Reimbursement Claim Form

Name: _____

Address: _____

State: _____ Code: _____

E-mail: _____

Phone: _____

Reimbursement for attendance at; _____

All claims are to be substantiated with original tax invoices.

Item	Amount
	\$.
	\$.
	\$.
	\$.
Total Reimbursement	\$.

Banking details for direct transfer;

Account Name; _____

BSB; _____

Account number; _____

Post to;

MLTAQ Treasurer
P O Box 3727
SOUTH BRISBANE BC
QLD 4101

Signed _____

Date _____