



**KJ MCPHERSON
EDUCATION & RESEARCH FOUNDATION**

INVOICE / EXPENSES CLAIM FORM

Name: _____ Date: _____

Address: _____
_____ State _____ Post Code _____

Details of Claim	Amount	Are Tax Inv/ Receipts Attached?
Total Expenses Claimed:		

Signature of Claimant: _____ Date: _____ Phone: _____ BSB: _____ Acc No: _____ Acc Name: _____	Office Use Only Approved for Payment: _____ Date Paid: _____ DUna Ybha Yh cX: _____ Amount: _____
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NOTE: Claims will only be paid when supporting documents are attached.

Please forward this form with supporting documents to:

KJ McPherson Education & Research Foundation Treasurer, c/- GPO Box 1425,
BRISBANE QLD 4001 Ph (07) 3635 3368
Email: KJMFoundation @ambulance.qld.gov.au