



Travel Assist Claim Form

South Brisbane Chargers Radio Control Car Club Inc.

Name of Primary Applicant _____

Is this a group (pooled) application? YES / NO

Group members names (if applicable) _____

RCRA event name _____

Claim amount* (\$) _____

Item(s) being claimed _____

BSB _____ - _____

Account No. _____

Account Name _____

Signature of Primary Applicant _____

Signature of Secondary Applicant (group) _____

Date _____

This claim must be submitted within 1 month from the end of the eligible event. Submit your completed form in person to the club Treasurer or email to: membership@chargersrc.net

Attachments:

Event entry confirmation

Receipt(s)

**Claim amount is limited as per the 'Event Travel Assistance Policy' and may be apportioned depending on the number of club members attending the event and the total value of claims received for that same event.*