



Incorporation No: A0008959W

ABN No: 35048071068

### Volunteer Incentive/Reimbursement Form

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_

**Payment Method (please tick):**

- Cheque
- Direct Deposit

Account Name: \_\_\_\_\_

BSB: \_\_\_\_\_

Account: \_\_\_\_\_

**Please select the relevant payment to submit to VERA Inc.**

Description	Price	Amount
<input type="checkbox"/> Chief Steward Ride Attendance Ride Name:.....	\$75/day	
<input type="checkbox"/> TPR Incentive Ride Name:.....	\$25 Full weekend attendance	
<input type="checkbox"/> AERASPACE/Ride Sec Attendance	\$50/day	
<input type="checkbox"/> AERA Delegate	\$150	
<input type="checkbox"/> State Secretary Honorarium (annual)	\$300	
<input type="checkbox"/> Reimbursement Details: _____		
<input type="checkbox"/> Other Details: _____		
<b>Total Claimed</b>		<b>\$</b>

Approved: \_\_\_\_\_ Motion: .....

Signature:.....

**Forward this Form, with receipts (where appropriate) to the VERA Inc. Treasurer:**

[treasurer@vicera.com.au](mailto:treasurer@vicera.com.au)

Date Paid: _____	Payment No: _____
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