

Incorporation No: A0008959W ABN No: 35048071068

## **Volunteer Incentive/Reimbursement Form**

Name:			
Email:		Phone:	
Address:			
Suburb:		Postcode:	
Payment	Method (please tick)		
	Direct Deposit	Account Name:	
	BSB: Account:		
Please sel	ect the relevant payment to submit	to VERA Inc.	
Descripti	ion	Price	Amount
□ C	hief Steward Ride Attendance	\$100/day	
Ride Nan	ne:		
□ T	PR Incentive (full attendance)	\$100	
Ride Name:		Full weekend attendance	
□ A	ERASPACE/Ride Sec Attendance	\$75/day	
□ A	ERA Delegate	\$150	
□ S <sup>-</sup>	tate Secretary Honorarium (annual)	\$500	
□ <b>v</b>	Vebmaster Honorarium (annual)	\$500	
	wabbing		
Ride Nan	ne:		
□ R	eimbursement – Details:		
□ O	ther - Details		
		Total Claimed	\$
Approve	d: Motion:		
	Signature:		
Forward t	his Form, with receipts (where appro	opriate) to the VERA Inc. Treasurer:	
treasurer	@vicera.com.au		
Date Paid	: Payment No:		