

**This application must be completed by any CAMS volunteer claiming expenses on CAMS behalf, in a pre-approved, CAMS appointed role. The application must be lodged with the relevant CAMS person within 20 days of the event for which the reimbursement is for.**

CAMS will reimburse only the ACTUAL expenditure or UP TO the prescribed maximum where the actual expenditure is greater than the prescribed maximum. Each and every claim must have the relevant receipts/tax invoices attached. Credit Card vouchers are not acceptable as a receipt/tax invoice.

Prior to completing this application, the applicant should familiarise themselves with the CAMS Expense Policy for Volunteers and/or CAMS Standing Orders.

If your appointment was made at a state level please submit the form to the relevant state office or alternatively to the national office.

## Applicant's Details

**CAMS ID**

**SURNAME**

**FIRST NAME**

## Claim Details

I wish to make a claim under the following schedule:

<b>COMMISSION/COMMITTEE MEMBER</b>	<b>STEWARDS</b>	<b>JUDICIAL</b>	<b>RACE DIRECTOR</b>
<b>TECHNICAL COMMISSIONER</b>	<b>TRAINER</b>	<b>TRACK INSPECTOR</b>	<b>PANEL MEMBER</b>
<b>ELIGIBILITY OFFICER</b>			

## Event Level/Inspection Type

<b>STATE</b>	<b>NATIONAL</b>	<b>INTERNATIONAL</b>	<b>OTHER (PLEASE SPECIFY)</b>
<b>COD</b>	<b>HTP</b>	<b>LOGBOOK</b>	

## Appointment Details

Refer to the Expense Reimbursement Policy for Volunteers for eligible volunteer activities and appointment process.

**APPOINTMENT MADE BY**

**VEHICLE INSPECTED**      **YES**      **NO**      **N/A**

## Event/Inspection Details (if applicable)

<b>EVENT DATE</b>	<b>CAMS PERMIT NO.</b> <small>(IF APPLICABLE)</small>
<b>LOCATION</b>	<b>STATE</b>
<b>NAME OF EVENT</b>	

## Bank Details (for reimbursement)

Only required if CAMS does not have details on file, or bank details have changed.

**ACCOUNT NAME**

**BSB NUMBER**

**ACCOUNT NUMBER**

