



The Brisbane Four Wheel Drive Club Inc
PO BOX 15039
CITY EAST QLD 4002

Monthly Raffle Record

Draw Date: _____ First Prize: _____

Venue: _____ Second Prize: _____

Promoted By: _____ Third Prize: _____

Number of Tickets Sold: _____ Gross Receipts: _____

Cost of Prizes: _____

Net Profit: _____

Reimbursement

I here by apply to be reimbursed the sum of \$_____ being the amount required for costs incurred on behalf of the Brisbane Four Wheel Drive Club Inc.

Signature: _____ Date: _____

Receipt to be ATTACHED to this form as proof of expenditure

Receipt Number: _____ Total Amount Received: _____

Cheque Details

Payee: _____

Date Approved by Committee: _____

Paid by Cheque Number: _____

Treasurer: _____