



TEAM OFFICIAL'S EXPENDITURE SHEET

NAME:				
SCHOOL:				
REGIONAL TE	EAM/EVENT:			
	DESCRIPTION		RECEIPT NO.	AMOUNT
TOTAL				\$
<u>Signed</u> : <u>Date</u> ://				
<u>oigneu</u>		<u>Date</u>	<u>. </u>	
(Receipts must be attached)				
TO BE COMP	LETED SWSS OFFICE			
Promaster Approver:		Promaster Cost Centre	:	

The Department of Education is bound by the Information Privacy Act 2009. DoE is collecting the information on this form for the purpose of facilitating the attendance of students at the event organised by Qld School Sport. The information provided will not be used or disclosed for any other purpose and will be held securely and protected against unauthorised access. The information will be provided to staff on a need to know basis and the privacy of the individuals whose information is provided will be respected. If you wish to access or amend the personal information provided on this form, please contact the RSSO.

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