

COFFEE HELPER

Bring:

- 3 litres of milk

Setting Up:

- Please arrive promptly by 9:20am to ensure you are set up ready to serve from 9:30am
- Wheel coffee machine trolley from storeroom to outside the canteen shutters (if not already there from the set up team).
- Unload all morning tea boxes etc onto server for Morning Tea team
- Fill two water containers and one milk container
- Plug in and turn on machine and allow to go through set up process
- Add plastic spout to milk dispenser
- Add plastic straw to milk container
- Ensure sufficient coffee pods are available (more available in the shed)
- Ensure cardboard recycling box for used pods is placed next to the coffee machine
- Coffee cups are in the storeroom (tell Pam if running low)

Coffee before Church:

- Be available to show people how to use the machine (two people can use at once)
- Finish serving at 10am to allow people to move into church

Coffee after Church:

- Leave church at the start of the final song to pre-prepare a number of coffees for the rush
- Be available to show people how to use the machine (two people can use at once)

Clean and Pack Up:

- Turn off machine and clean drip trays, used pod containers, and milk containers
- Contact Stuart Maze if coffee pods, milk spouts or straws are running low to order more
- If there are any costs for milk or coffee purchases you wish to be reimbursed for, please fill in the attached form, attach the relevant receipts, get a Warden to sign and then pass on to Tina Webb (Treasurer) for reimbursement



REQUEST FOR PAYMENT OF INVOICE / EXPENSE REIMBURSEMENT

an invoice to be paid for reimbursement (claimant must fill in form)

Name of person filling in form: _____ Event/Budget Code: _____

(The person appointed to this budget must consent before monies are spent)

Description of item / service and group / event cost is for: (use back if more space needed)

IF REIMBURSEMENT IS REQUIRED

DECLARATION

I have paid this invoice and request reimbursement

PLEASE SELECT PAYMENT METHOD BELOW

Cheque (up to 2 weeks processing from receipt of completed form)

Direct Deposit (first time provide account name, number and BSB on back)

BPay (first time provide biller code and reference number on back)

AMOUNT: \$ _____

SIGNATURE: _____ (of person filling in form)

SIGNATURE: _____ (of budget authority)

Where expenses exceed approved budget / authorisation limit payments must be authorised by a warden

OFFICE USE ONLY

ACCOUNT No: _____

OTHER RELEVANT INFORMATION _____

GST INFORMATION: NT Free All GST Partial GST _____ %

CHEQUE NUMBER OR

RECEIPT No. OF ELECTRONIC PAYMENT: _____

DATE: _____

Wardens / Treasurer check of authorisation, invoice present, executed payment:
(2 signatures or attach printout of electronic proof of authorisation)