



## 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

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#### 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)