

## **Reimbursement Request**

Name of person seeking reimbursement:						Name			Date
Phone number: Phone				Email :	Email				
ltem	Paid t	o:		Date	For w	hat	a/c reference	Amount	GST incl
	eg: Max	ki IGA		02/06/2021		ons for May norning		53.07	1.26
	eg: Tho Pharma	mas & Ch acy	ong	05/06/2021	First Ai	d kit		88.00	n/a
1	Paid to	Paid to		Date	Descri	ption	Reference	Amount	GST
2	Paid to	Paid to		Date	Descri	ption	Reference	Amount	GST
3	Paid to	)		Date	Descri	ption	Reference	Amount	GST
4	Paid to	Paid to		Date	Descri	ption	Reference	Amount	GST
5	Paid to	)		Date	Descri	ption	Reference	Amount	GST
							Total	Total	Total GST
<ul> <li>I confirm that the expenditures requested to be reimbursed above were for the approved purposes of U3A Castlemaine. I have attached relevant supporting documentation.</li> <li>Small payments may be reimbursed with cash, from the Treasurer.</li> <li>My details for reimbursement (if exceeding \$20) are:</li> </ul>									
Account		Account	name			Bank:	Bank		
BSB		B BSB		Account	Number	nber Account number			
Authorised by:		Authorised by							
Office u Dat	<b>se:</b> te paid	Date pa	id	Method	Method	Ref	Ref	Amount	Amount