

Request to Arrange Payment

Inc. AOO17409G

Name of person seeking payment to be made (PRINT)

Phone number: Email:

Signature Date submitted

I confirm that the payments requested to be paid, were for the approved purposes of U3A Castlemaine.
I have attached the relevant invoices.

	Payment to be made to: <i>(organisation)</i>	Date Payment is due	For what purpose is the payment	Amount	GST incl. <i>(or N/A)</i>
1					
2					
		Total			

Details for payment:

Name of account	Bank	BSB	Account number

Payment approved by:

Signature Date:

Date paid	Method	Ref:	Amount