

EXPENSE REIMBURSEMENT FORM

 Please staple receipts to back

Details

Name: _____
Email: _____
Mobile: _____

Bank Account details where funds will be deposited into:

Account Name: _____
BSB No: _____
Account Number: _____


| Invoice Date | Supplier | Purpose | Amount Paid |
|--------------------------------|----------|---------|-------------|
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| TOTAL TO BE REIMBURSED: | | | |

Instructions:

- Fill out your name, contact details, bank account details and the description of the expense(s) to be reimbursed.
- Attach invoices/receipts to this Claim Form - in the **same order** as you have listed them (*note: a credit card slip is not acceptable, it must be a tax invoice*).
- If an original invoice/receipt is lost, attach a completed "Lost Receipt Declaration Form" (available at website)
- This form is available at the website: www.centrepoinchurch.com.au/login.php

Declaration
 I declare that the expense(s) claimed here were directly incurred on behalf of Centrepoin Church.

Signature


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