

LORETO NEDLANDS

P&F Association

Expense reimbursement claim form



NAME:	
PHONE NUMBER:	EMAIL:
ACCOUNT NAME:	
ACCOUNT BSB:	ACCOUNT NUMBER:
DATE SUBMITTED:	

EXPENSE DETAILS:

DATE	SUPPLIER	DETAILS	EVENT	AMOUNT
TOTAL AMOUNT:				

Note:

- Reimbursements will be made via direct deposit to your nominated bank account. Please provide contact details (email/phone number) to be notified of payment.
- Please attach all invoices to be reimbursed with this claim form. All claims must be supported with a valid tax invoice and be submitted within 14 days of expense being incurred.
- Please be sure to provide relevant details to ensure you receive payment in a timely manner.

I certify that the above expenses are true and correct and the entirety of an expense of the Loreto Parents and Friends Association.

Signed:

P&F Executive Committee Use Only		
Data paid:	Payment made via:	Approved by: