

<u>PERSONAL EXPENDITURE REIMBURSEMENT REQUEST</u>
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DATE OF REQUEST: _____

Name:	
Positon:	Club Member
Amount:	\$20.00
Department for Allocation & Description:	Surf Sports - Pool Reimbursement

Note: A copy of the Tax Invoice is required for reimbursement

Payment Details:	
Account Name: _____	
BSB No: _____ Account No: _____	
Email Address: _____	
NOTE: Please ensure correct bank account details are provided, no second payment will be made	

APPROVED BY: _____