



PAYMENT REQUEST FORM - BURWOOD CLUBS

PAYEE DETAILS	
CLUB NAME/AA*	
NAME (WHO ARE WE PAYING?)*	
ADDRESS	
POSTCODE:	
EMAIL	
PHONE	

PAYMENT DUE BY:*

TYPE OF PAYMENT:

PAYMENT METHOD(choose one)*	
BANK TRANSFER BSB (6 digits): ACCOUNT NUMBER:	BPAY BILLER CODE: BILLER REF NO:

PAYMENT DETAILS				
DESCRIPTION OF ITEM(S) PURCHASED	ACCOUNT CODE	AMOUNT (EXCL. GST)	GST	TOTAL (INCL. GST)
	2-10-210-			
	2-10-210-			
	2-10-210-			
	2-10-210-			
TOTAL AMOUNT OF PAYMENT				

* denotes required field

Further information - Date/Name of Event

AUTHORISATION * **NB - PLEASE DO NOT APPROVE YOUR OWN REIMBURSEMENT			
CLUB TREASURER/PRESIDENT :	Tick to approve	Name	Date
CLUB EXEC APPROVAL:	Tick to approve	Name	Date
CLUBS SUPPORT CO-ORDINATOR/DUSA AUTHORISATION:		Signature	Date

(ONLY SUBMIT WHEN YOU HAVE BOTH APPROVALS)

(CLUBS SUPPORT CO-ORDINATOR ONLY)