

REIMBURSEMENT REQUEST

ATTACH TAX INVOICE HERE

Have you completed a Subsidy application: YES/NO

Reimbursements will not be paid until your subsidy application has been approved.

Members Name: _____ Members Email: _____
Coach Name: _____ Coach Phone: _____

Attendance Record

VISIT	DAY	DATE	TIME
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

Coach Signature: _____ Date: ____/____/____

NOTE: Please ensure that all details are completed and the appropriate Tax Invoice is attached. Reimbursement forms must be returned to the office for payment before the 14th of each month to avoid payment not being processed.

Bank Account Details

Bank Name: _____ Account Holders Name: _____
BSB: _____ A/C No.: _____

Office use only	Accepted/Rejected
Subsidy Application submitted: Yes/No	Subsidy approval date: ____/____/____
Receipt No: _____	Date on receipt: ____/____/____
Officer: _____	Signature: _____
Comments: _____	Date of payment: ____/____/____
	Reimbursement amount: \$ _____