

Reimbursement Claim

Staple supporting documents to this form
and put in Treasurer's letter box



Your name	Your phone number
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Wherever possible reimbursement will be paid directly into your bank account. ***If you haven't already done so,*** please provide the following details:

BSB	Account number
Name of account as per bank statement	

Date of purchase	Item	Amount

Project: if this is part of a budgeted project, please note which one.
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I certify that I am authorised to make the above purchases for U3A Knox.

Signature	Date
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