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| --- |
| **EXPENSE REIMBURSEMENT REQUEST\*** |
| Date: |  |
| Requested by (pls print): |  |
| Expense description: |  |
| Reimbursement amount: |  |
| **Payee bank details** |
| BSB: |  |
| Account #: |  |
| Account name: |  |
|  |
| Signature: |  |
| Receipts attached\* - pls indicate | **YES** | **NO\*** |
|  |  |
| **Office use only** |
| Date received: |  |
| Date paid: |  |
| Amount paid: |  |

***(\*) please note your expense cannot be processed without a***

 ***legible tax receipt(s)***

**Process instructions**

1. Fill out all sections of the form
2. Attach supporting receipts
3. Forward to the Treasurer as follows:
	1. Send copies of completed form & receipts by email to treasurer@twra.net or
	2. Put completed form & receipts in an envelope, hand deliver to Treasurer’s residential letter box & send alert email to treasurer@twra.net or
	3. Hand envelope to the Treasurer at next committee meeting

***(to avoid your envelope being mixed up with other unrelated paperwork, please refrain from passing informally to the Treasurer or other committee members during busy events)***