



Bayside Uniting Church

Request for reimbursement

CLAIMANT: Date of claim:

Address:

Church activity/cost centre:

Approval to spend received from:

Reason for claim	Amount claimed*
Total amount for reimbursement	\$

****This request for reimbursement must be accompanied by receipts for the items purchased.***

Preferred payment method (please tick one)

Funds transfer** Cheque

****For funds transfer, please provide the following:**

BSB: Account Number: Account Name:

(Please check account details carefully as incorrectly transferred funds may not be recoverable)

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 Signature of Claimant

OFFICE USE

Funds transfer Cheque No. Date