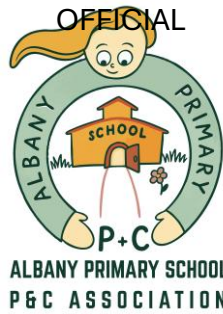


REIMBURSEMENT FORM

Reimbursement requested by	
Request date	
Purpose / event to which receipts relate (one event per form)	
Nature of expenditure	
Bank account and BSB details for recipient if not already held by treasurer	Name:
	BSB:
	Account:
Total value of receipts attached for reimbursement	
Approved Financial Motion or Grant Name to be reimbursed from	
Comments	

INSTRUCTIONS:

1. Submit form no later than 2 weeks after the event date / expenditure date (as appropriate)
2. Complete one form per event.
3. Send completed **Reimbursement Form** with **receipt copies** to albanyprimarypandc@gmail.com with a subject line: **ATTN TREASURER - REIMBURSEMENT FORM.**
4. Receipts are generally reimbursed within 2 weeks after submission. If you have not been reimbursed within that time, or have any questions please contact albanyprimarypandc@gmail.com.



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