

Reimbursement Request Form

Payable to: _____

Purpose of claim: _____

Date of claim: _____

Date	Description of expense	Amount
TOTAL:		

Banking details for refund to be processed:

Name of Account Holder: _____

BSB number: _____

Bank Account Number: _____

I hereby certify that the above is a true and correct statement of expenses incurred by me in the process being involved in an event authorised by Outlook Rural Health club.

Signature
(*Digital signatures are accepted)

Note:

- All requests for reimbursement must be within **60 days** from the date incurred and must be accompanied with supporting documents. Email this form to the Outlook Rural Health Club Treasurer.
- You **MUST** provide **Tax invoice Receipts** from all vendors or service providers. It is mandated by the University accounting regulations.
- Email this form along with a scanned copy of your tax invoice receipt to outlook.treasury@gmail.com for your refund to be processed.

Approved By: _____
Signature
Outlook Treasurer
Date Approved