

Volunteer Reimbursement of Expenses



Volunteers Details			Banking details		
Full Name		Event	Name		
			BSB -		
			A/c # -		
Purchased Items – all receipts must be attached before processing					
Purchase Date	Store	Description	Amount	Office Use	
				GL code	Tax
TOTAL					

Volunteer Signature
<p>Additional Comments: _____</p> <p>_____</p> <p>I confirm that I personally paid for the items listed above and I received approval from an authorising officer prior to purchase.</p> <p>Volunteer's Signature: _____ Date: _____</p>
Authorisation
<p><input type="checkbox"/> Approved <input type="checkbox"/> Not approved</p> <p>Authorisers Name: _____ Signature: _____ Date: _____</p>
Process – Office Use
<p>Signatory 1: _____ Date: _____</p> <p>Signatory 2: _____ Date: _____ Bnkg Ref _____</p>