

For **reimbursements**, please submit <u>one</u> form for <u>each person</u> to be reimbursed with the total amount required, including all valid and legible receipts as evidence of expenditure.

For all other types of payments, please include any supporting document(s) that detail the funds required (e.g., email, invoice, hire contract, etc) if available. Note that SCA policy requires a valid and legible receipt to be provided after the payment has occurred.

**Event Name (or N/A):** 

**Please Pay To:** 

100	ai Amount:	<b>3</b>				
Being For*:						
name as writte nmount of <u>eac</u>	e the vendor's en and the h receipt.  ments, please syment d the date					
Payee Account Details:		BSB:				
	Bank/Branch:					
	Account No:					
	Account Name:					
etails of Po	erson Makin	ıg Requ	iest:			
SCA 1	Name:					
Legal 1	Name:					
]	Email:					
Phone Nu	mber:					
Date Subn	nitted:					
						Version 3: Ju

## **OFFICERS' USE ONLY:**

<b>Request Result:</b>	Approved / Not approved	Date:				
Decision Made Via:	le Via: Council meeting / Email / Officers' Chat / In-person at event / etc.					
<b>Comments:</b>						
Westpac Payment						
Submitted by:						
Position:						
<b>Member Number:</b>		Date:				
Westpac Payment Approved by:						
Member Number:		Date:				