



ST THOMAS PARENTS & FRIENDS ASSOCIATION EXPENSE REIMBURSEMENT CLAIM FORM

NAME: _____ Child's Year Level: _____

Phone Number: _____ Email: _____

Account Name: _____

BSB: _____ ACCOUNT NUMBER: _____

DATE SUBMITTED: _____

DATE	SUPPLIER	DETAILS	EVENT	AMOUNT
TOTAL REIMBURSEMENT				\$

Note:

Reimbursements can now be made via direct deposit to your nominated bank account. Please provide email address and/or mobile number so we can notify you of payment.

Please attach all invoices to be reimbursed to this claim form. All claims must be supported with a valid tax invoice and must be submitted WITHIN 14 DAYS of expense being incurred.

If one invoice includes expenses for more than one group or event, please provide appropriate breakdown.

I certify the above expenses to be true and correct and entirely an expense of the St Thomas Parents & Friends Association

Signed _____

P & F EXECUTIVE COMMITTEE USE ONLY

Date Paid _____ Payment made via _____ Approved by _____