



ST MARY'S CATHOLIC PRIMARY SCHOOL P&F EXPENDITURE REIMBURSEMENT FORM

REQUESTORS DETAILS

Full Name:		
Name on Bank Account:	BSB Number:	Account Number:

RECEIPT DATE	PURCHASED FROM	ITEM DESCRIPTION	PURCHASED FOR	TOTAL (\$)
TOTAL				

Please Note: Original Receipt/Tax Invoice must be provided for all reimbursements

Requestors Signature: _____ **Date:** _____

TO BE COMPLETED BY THE P&F TREASURER

Full Name:		
Expenditure Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure Against:	<input type="checkbox"/> P&F General Expense <input type="checkbox"/> Specific Fundraiser (if Yes please name fundraiser) _____ <input type="checkbox"/> P&F Budget Approved Item (please specify) _____
Date Payment Processed:	Payment Reference Number:	

Treasurers Signature: _____ **Date:** _____