

# Neighbours Unite Activity Reimbursement Application

Name of Host: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ No. of Attendees: \_\_\_\_\_

Activity Location: \_\_\_\_\_ Activity Date: \_\_\_\_\_

Names and email address of two Neighbours Unite Champions registered at your Activity:

1: \_\_\_\_\_

2: \_\_\_\_\_

## Bank Details for Reimbursement:

Name of Financial institution: \_\_\_\_\_

Account Name: \_\_\_\_\_

BSB  -  Account Number: \_\_\_\_\_

I have attached tax invoice(s) showing a \$0 balance for items purchased for the activity ☐ Yes ☐ No

I have attached at least one photo from the activity ☐ Yes ☐ No

I have completed the Neighbours Unite Activity Survey ☐ Yes ☐ No

I have complied with the terms and conditions and confirm the information provided above is true and correct. ☐ Yes ☐ No

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY** W0000175.1044.0360

Required documentation provided. ☐ Yes ☐ No Reimbursement Amount: \$ \_\_\_\_\_

Outstanding information: (if applicable) \_\_\_\_\_

Application Number: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Authorised Officer's name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_



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