

Neighbours Unite Activity Reimbursement Application

Name of Host: _____ Phone Number: _____

Residential Address: _____

Email Address: _____ No. of Attendees: _____

No. of households involved _____ Activity Date: _____

Activity location _____

Bank Details for Reimbursement:

Name of Financial institution: _____

Account Name: _____

BSB - Account Number: _____

I have attached receipt(s) 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 guidelines and confirm the information provided is true and correct. Yes No

Name: _____ Signature: _____ Date: _____

OFFICE USE ONLY WO 175.1044.0360

Required documentation provided. Yes No Reimbursement Amount: \$ _____

Outstanding information: (if applicable) _____

Application Number: _____ Date Processed: _____

Authorised Officer's name: _____ Sign: _____ Date _____