

Neighbours Unite Activity Reimbursement Application



Name of Host:

Phone Number:

Residential Address:

Email Address:

No. of Participants:

Activity Location:

Activity Date:

Activity Summary:

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 (210070.1285)

Required documentation provided. Yes No Reimbursement Amount: \$

Outstanding information: (if applicable)

Application Number:

Date Processed:

Authorised Officer's name:

Sign:

Date:

