

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 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

W.O 175.1044.0360

Required documentation provided: Yes No Reimbursement amount \$: _____

Outstanding information: (if applicable) _____

Application number: _____ Date processed: _____

Authorised officer's name: _____ Signature: _____ Date: _____

The City of Rockingham is collecting your personal information to process your reimbursement for your Neighbours Unite Activity.

It may also be used for secondary purposes which would be reasonably expected. Your personal information will not be disclosed to any other party without your consent unless required or authorised by law. If you choose not to provide your personal information, your reimbursement may be denied.

To access, correct or learn more about how we handle personal information please contact privacy@rockingham.wa.gov.au or visit rockingham.wa.gov.au/privacy.

