

# DIRECT CREDIT REIMBURSEMENT

NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

DATE: \_\_\_\_\_

GL CODE: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

REASON: \_\_\_\_\_  
\_\_\_\_\_

**Refund by Bank Account Transfer**

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

Account Number: \_\_\_\_\_ Bank Name: \_\_\_\_\_

PAYEE: \_\_\_\_\_  
Print Name Signature

APPROVED BY: \_\_\_\_\_  
Print Name Signature

If reimbursement is above \$500, a second signature is required from the MD or Guild President.

APPROVED BY: \_\_\_\_\_  
Print Name Signature

A valid receipt must be provided to the Finance Office to obtain reimbursement.

**FINANCE OFFICE USE ONLY:**

**Paid Stamp:**