

BRUNSWICK UNITING CHURCH REIMBURSEMENT CLAIM FORM as at 30 June 2018

* The "Receipt/Tax Invoice" number may be the number shown on the receipt or a number pencilled on the document for purpose of identification.

** e.g. Olive Way

This form and scanned receipts is to be sent via email to buc.payments@gmail.com

For re-imburement to a personal account, please provide the BSB and account number.

Name of BUC staff member / volunteer making claim:

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Date of Claim:

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Date of expense	Description of expense	** Purpose / program	Amount	GST Applicable Y/N	GST value	* Receipt/ Tax invoice number	Account - book keeper use only
TOTAL			\$0.00				

Date of donation(s)	Description of donation	** Purpose / program	Amount
TOTAL			\$0.00

Account:	Name on account		
	BSB:		Account Number:

Signatures: Staff member / volunteer name:	Approval (Finance Committee Member)