|  |  |
| --- | --- |
|  | St Mark’sAnglican ChurchSouth Hurstville |

**Reimbursement Claim**

Your name:

Description of purchase(s):

Total amount being claimed: **$**

Your bank details (if no bank details, a cheque will be raised):

 Provided previously

 New / changed: Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Account name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 BSB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please ensure all tax invoices/receipts are attached to your claim.

I certify that I purchased the above described goods/services for the benefit of
St Mark's Anglican Church, South Hurstville

Signature Date

Approved Church warden

*Treasurer: Date paid: Reference:*

|  |  |
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