



PAYMENT REQUISITION

(Use when requesting a reimbursement or in seeking approval for larger payments)

Date:

Purpose of payment

Program / Activity:

Provide details of payments and attach invoices or tax receipts if claiming an expense reimbursement:

.....

Payment to:

Address:

Amount \$

Payment method:

- BPay details -

Account Name:

BSB:

ACC:

Authorised by: Requesting staff (sign & date)

APPROVAL OF PAYMENT – to be completed by delegated staff approving payment

Amount Approved for Payment\$:

APPROVED / DENIED Delegated Staff (sign & date)

Payments over \$10,000 require the approval of a delegated Board Member

Approval of Board Member attached **N/A** YES / NO

PAYMENT – to be completed by delegated staff making payment

Paid by:

Payment date:

Completed for filing with copy of bank payment receipt attached: YES / NO