

Requestor's Full Name	MEMBER'S ID:			
Items and Reason for Purchase				
Items	Reasons (25 th anniversary, tutor, office supplies, petty cash, etc)	Cost \$	Qty	Amount Claimed
1.				
2.				
3.				
4.				
TOTAL AMOUNT CLAIMED:		\$		

Please attach ALL receipts and records of your payments & expenses incurred to support your claim.

AUTHORISATION TO PAY

Your claim MUST be signed by the relevant CoM Delegate listed below (tick the box):

- Tutors – Course/Curriculum Coordinator _____
- Office/Admin Personnel – Office Manager/Purchasing Officer _____
- Equipment/Repairs – Equipment Officer _____
- Kitchen/Function Supplies – Catering Coordinator _____

Please nominate your preferred payment method (choose/tick only ONE):

directly into my bank account (details below)

Name of Bank	Account Name	Bank BSB	Account Number

by Cheque

Name on Cheque	Address to send cheque to:	Self-addressed envelope attached (Y/N)?

Requestor's Signature: _____ Date: _____

[Lodge this reimbursement claim to the U3A Office during business hours.](#)

FOR OFFICE USE ONLY:

1. Inspect AUTHORISATION TO PAY panel above.
2. This MUST be signed off.
3. If there is no signature, place this form into the (ticked) Delegate's pigeon-hole.
4. If signed, place this form with attached self-addressed envelope (if it is cheque payment) in the Treasurer's pigeon-hole.

TREASURER:

Claim Received: _____ Date: _____

Payment Record: EFT or Cheque No.: _____ Date: _____

Entered into Accounts Signature: _____