

Payment Requisition Travel Reimbursement AP006

Uniting Church SA



PAYEE DETAILS

NAME/PAYABLE TO: _____

ADDRESS: _____

CONTACT PHONE NUMBER: _____

TRAVEL DETAILS

Event attended & Location: Presbytery and Synod meeting

Representative on behalf of: _____

Total Kilometres Travelled: _____

Date of Travel: _____

(* First 150 km not reimbursed)
See By-Law 12.1.9 b

Please tick the appropriate boxes

Minister in Placement:

Lease Vehicle:

Lay Person:

Own Vehicle:

Other Representative:

Other Transport:

Signed: _____

Date: _____

PAYMENT DETAILS

EXPENSE ORIGINALLY PAID VIA :

Personal Account Card

Cash

(circle one option or specify)

Claimed from Trust A/C

Trust A/C MasterCard

REIMBURSEMENT INSTRUCTIONS:

Direct Deposit Account Details:

Acc Name: _____

BSB: _____

Acc No: _____

POST FORM TO:

Attn: Secretariat

Presbytery and Synod of South Australia, GPO Box 2145, ADELAIDE SA 5001

OFFICE USE ONLY

MINISTRY CENTRE NAME: Secretariat

LEGAL ENTITY CODE:

DEBIT:

Account Name

Account Code

Reporting Entity

Ministry Centre

GST Amount

GST Code

Total \$

Travel

760006

100

999

TOTAL

Inclusive of GST

\$

Approved By (Secretariat): _____

GST Verified by: _____

Cheque/Data Processing No: _____

Date: _____