

Fringe Benefit Account Reimbursement Claim^{AP003E}

Uniting Church SA



Fringe Benefit Account Name: _____

The following accounts have been paid. **Please reimburse:**

PHOTOCOPIED Tax Invoices/receipts are attached.

Supplier invoice to be reimbursed	Amount
TOTAL	(please total this page) \$

I declare this claim is in accordance with the Fringe Benefit Accounts Handbook and that the above have either:

- . not been paid through Corporate Mastercard; or
- . previously reimbursed.

Signed by Fringe Benefit Account Holder: _____ Date: _____

Please Note: