

Payment Requisition

Travel Reimbursement AP006

Uniting Church SA



PAYEE DETAILS	NAME/PAYABLE TO: _____
	ADDRESS: _____ _____
	CONTACT PHONE NUMBER: _____

TRAVEL DETAILS	Event attended & Location: <u>Synod Meeting</u>	
	Representative on behalf of: _____	
	Total Kilometres Travelled: _____ Date of Travel: _____	
	(*First 150km not reimbursed) See By-Law 12.1.9 b	Please tick the appropriate boxes
	Minister in Placement: <input type="checkbox"/>	Lease Vehicle: <input type="checkbox"/>
	Lay Person: <input type="checkbox"/>	Own Vehicle: <input type="checkbox"/>
Other Representative: <input type="checkbox"/>	Other Transport <input type="checkbox"/>	
	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: <i>Attn: Secretariat, Synod of South Australia, GPO Box 2145, Adelaide SA 5001</i>		

OFFICE USE ONLY	MINISTRY CENTRE NAME: <u>Secretariat</u>		LEGAL ENTITY CODE: _____				
	DEBIT:						
	Account Name	Account Code	Reporting Entity	Ministry Centre	GST Code	GST Amount	Total \$
	Travel	76006	100	999			
	Accommodation (attach invoice)	76006	100	999			
		TOTAL	Inclusive of GST			\$	
	Approved By (Secretariat): _____						
	GST Verified by: _____						
	Cheque/Data Processing No: _____ Date: _____						