

# Payment Requisition

## Travel Reimbursement AP006

Uniting Church SA



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

<b>TRAVEL DETAILS</b>	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											
	<table border="0"> <tr> <td>Minister in Placement:</td> <td><input type="checkbox"/></td> <td>Lease Vehicle:</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Lay Person:</td> <td><input type="checkbox"/></td> <td>Own Vehicle:</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other Representative:</td> <td><input type="checkbox"/></td> <td>Other Transport:</td> <td><input type="checkbox"/></td> </tr> </table>	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:
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: _____											

<b>PAYMENT DETAILS</b>	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: _____		
<b>POST FORM TO:</b>	Attn: Secretariat, Synod of South Australia, GPO Box 2145, Adelaide SA 5001		

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