STRATACARE

BODY CORPORATE EXPENDITURE AND REIMBURSEMENT

NAME OF BODY CORPORATE / CTS NUMBER		
NAME OF APPLICANT		
APPLICANT'S EMAIL ADDRESS & CONTACT DETAILS		
Applicant's EFT Details		
BSB	ACCOUNT NUMBER	ACCOUNT NAME

DETAILS OF EXPENDITURE

Please note: Original or copies of receipts/dockets must be attached hereto

Receipt /Docket from	Date	Item/s purchased	Type of Expense (Account Code)	Cost
			TOTAL VALUE CLAIMS	$

APPLICANT'S SIGNATURE	DATE

- All Reimbursement requests are subject to Committee approval

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