**OUR LADY OF DOLOURS P&F ASSOCIATION**

**ABN 48 515 631 239**

2 Willcocks Street

Mitchelton Qld 4053

**Reimbursement Form**

This form is to be used to request reimbursement of expenses from the P&F. Please note all requests are to be discussed by the P&F and minuted before reimbursement will be issued.

**Bank account details:**

|  |  |
| --- | --- |
| **Name** |  |
| **BSB** |  |
| **Account** |  |
| **Contact phone no** |  |
| **Email address** |  |
| **Child’s name & class** |  |
| **Expenses incurred for**  (A brief description e.g. Mother’s Day) |  |

**List of expenses:**

|  |  |
| --- | --- |
| **Expense** (e.g. Smith’s Bakery – bread rolls) | **Amount** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total** | **$** |

**Treasurer’s use only:**

|  |  |  |
| --- | --- | --- |
| **Date processed** | **Cheque/EFT no** | **Cheque/EFT amount** |
|  |  |  |

**Please email reimbursement form together with invoices/receipts to:** [**mailto:old.pandf@gmail.com**](mailto:old.pandf@gmail.com)