



Group Expenditure Reimbursement Request Form

This form is to be submitted to the office of Radio 4EB in order to request the reimbursement of group expenditure and must be accompanied by a receipts(s) substantiating the expenses. A separate form should be used for reimbursement to a different person.

Please note:

1. Without a properly issued receipt, reimbursement will not be issued. A properly issued receipt should indicate full details (name, address and ABN) of the vendor, description of items, amount and GST information.
2. A payment will then be issued by Radio 4EB and paid to the person who incurred the expense. Please note that payments are made fortnightly, so it can be up to two weeks before payment is processed.
3. The expenses for which reimbursement are requested must have been approved by the group's committee. As per the Treasurer's responsibilities "any expenditure by a group must be approved by the committee and recorded in the minutes at the group's committee meeting".
4. Unless prior approval in writing is obtained from the Treasurer of Radio 4EB (EBAQ Ltd.), only expenditure which is related to the production of programs and administration of the group affairs may be authorised.

Group: _____

Name and address of the person requesting the purchase:

Request Date: _____

Number of quotations attached: _____

Total amount (incl. GST): \$ _____

BSB: _____ Acct #: _____

Please list details of each item:

	Vendor	Description of item	Amount	CBF	Acct Code (Office Use Only)
1.	_____	_____	\$ _____	<input type="checkbox"/>	_____/____/____
2.	_____	_____	\$ _____	<input type="checkbox"/>	_____/____/____
3.	_____	_____	\$ _____	<input type="checkbox"/>	_____/____/____
4.	_____	_____	\$ _____	<input type="checkbox"/>	_____/____/____
5.	_____	_____	\$ _____	<input type="checkbox"/>	_____/____/____

The expenses listed above have been approved by the group's committee and recorded in the minutes of the committee meeting on _____ (please specify date).

Authorization:

Convenor/Secretary

Treasurer

(Name)

(Name)

_____/____/____
(Signature)

_____/____/____
(Signature)

Office Use Only

Received: _____

Entered: _____

Paid: _____

Ref: _____