**Subiaco Primary School Parents and Friends Association**

Reimbursement Request Form

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date |  |
| Email address |  |
| Phone number |  |
| Bank account name you would like funds transferred into |  |
| BSB |  | Account Number  |  |
| Reason for reimbursement (E.g. name of event) |  |
|  |
| **Expense Details** |
| Item(s) Description | Price (incl. GST) |
|  |  |
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| **TOTAL EXPENSE (INCL. GST)** |  |
|  |
| **When Emailing Reimbursement Request Form:** |
| * Email this completed form to P&C Events Coordinator Federica Battaglia: fed.pagliaricci@gmail.com
* Attach a photo or scanned copy of your receipts. Reimbursement claims cannot be processed without accompanying receipts.
* You will be notified via email once your reimbursement has been processed
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We will endeavour to process your reimbursement within 7 days

Thank you for supporting our school!