ANGLICAN DIOCESE OF WILLOCHRA

RPE Account Reimbursement Request

Name:

Date	Expense	Cost excl. GST	GST	Total Paid
	Total	$ -	$ -	$ -

Please note
Items can not be reimbursed unless a **tax invoice** including an **ABN** is provided

I confirm the attached claims are permitted claims and fall with the Australian Taxation Guidelines

Signed _____ Date _____

Reimbursement can be made into the following bank account.

Account Name: _____
BSB: _____ Account Number _____