

# Canberra Alpine Club, Inc

GPO Box 27, Canberra ACT 2601

## PAYMENT REQUISITION FORM

DATE: [CLICK OR TAP TO ENTER A DATE.](#)

**PAYABLE TO:**

[Name]

[BSB]

[Street Address]

[A/C Number]

[Phone Number]

[A/C Name]

DETAILS OF EXPENDITURE	EXPENSE OR COST CENTRE FOR ACCOUNTING	AMOUNT \$ (INCL GST)	IS GST INCLUDED? YES/NO
<b>TOTAL</b>			

*Note:* This form is to be used by Committee Members and other authorised persons for requesting reimbursement from the Club. Please attach relevant invoices and vouchers.

Once completed, email the form and attachments to: [Invoice@cac.org.au](mailto:Invoice@cac.org.au)

Payment Authorised by:    Name: ..... (relevant sub-committee convener)

Signature: .....                      Date: .....