



Catherine Hill Bay Surf Life Saving Club Incorporated

ABN: 37 352 006 891

Flowers Drive Catherine Hill Bay NSW 2281

PO Box 6147 Lake Munmorah NSW 2259

02 4976 1217 | cathoslsc.org.au

**CATHERINE HILL BAY**

**SURFLIFESAVING CLUB**

**SINCE 1923**

**Reimbursement Request & Agreement**

Name: .....

Bank BSB # .....

Account No. ....



Please write clearly

Being reimbursements for expenses incurred as follows

Date	Item	Supplier	Amount	GST
TOTAL CLAIMED:				

\*\*\* Attach all supplier receipts over page by adhesive tape \*\*\*

Declaration

I apply for reimbursement of expenses incurred by me for the benefit of Catherine Hill Bay SLS Club Incorporated.

I confirm these expense(s) have been fully paid for by me and that upon reimbursement by the club to the account details provided I will release the Club from all or any liability, and that I will be personally liable for any credit used in the funding of the purchase(s) and any GST liability <sup>(where applicable)</sup>.

Sign here

Signed: ..... Date:.....

Internal Use only

Approved :

Transfer receipt number:

Date actioned

Catherine Hill Bay Surf Life Saving Club Incorporated

ABN: 37 352 006 891

Email: [finance@cathoslsc.org.au](mailto:finance@cathoslsc.org.au)