

Payment Voucher

Date			
Region			
Conference Code		Name	
Description of Expense	se:	L	
Does the person seek	ing assistance need thi	s urgently	? (Brief explanation):
What are the outcome	es for the person if we	assist:	
Payee:			
If details are not	t listed on the Suppor	ting Invo	ice or Documentation, please complete below
ABN:			
Address:			
EFT Details	BSB #:		ACCOUNT #:
Account Code			Value \$

Approval Signature	Name	Position

To be signed off in line with the current delegations of authority for members.

NB: Invoice must be attached and both documents forwarded to Accounts