



REIMBURSEMENT REQUEST FORM

Strata Plan number:	
Address of strata plan:	
Name:	
Address of payee:	
Description of purchase/reimbursement:	
Total amount to be reimbursed: <i>Please attach receipts or invoices paid</i>	
Payment type requested:	<input type="checkbox"/> Direct Deposit <input type="checkbox"/> Cheque
Date:	
<u>Details for direct entry deposit</u>	
Account name:	
BSB:	
Account Number:	

Please note:

- Payment by cheque (including postage time) can take up to 3 weeks.
- EFT payments are made within 7 Business days - once approved by the Strata Committee