

DIRECT PAYMENT / REIMBURSEMENT FORM



W A G G A W A G G A
EVANGELICAL CHURCH

Payment: Reimbursement Direct Payment

Payee Name: _____ Contact Phone: _____

Items being Claimed (Please attach receipts and/or tax invoice to this form)

Description of Items Purchased and/or Intended Purpose	Amount Claimed (incl GST)
TOTAL:	

I certify that the items claimed are: priced reasonably, needed for a church activity, and will be mainly used by church.

<i>Signature</i>	<i>Date</i>
------------------	-------------

Payment Method (Details not required if have been provided to WWEC previously)

<input type="checkbox"/> Bank Transfer	<i>BSB</i>	<i>Account No</i>
<input type="checkbox"/> BPay	<i>Biller Code</i>	<i>Reference No</i>
<input type="checkbox"/> WWEC Mastercard		

Approval (Completed by treasurer or delegate)

Budget Item Code	Budget Item Description	Claim Amount (incl GST)
	TOTAL:	

<i>Receipts Attached</i>	Yes	No	<i>Transaction Entered</i>	<i>Date</i>	<i>Initials</i>
<i>Approved</i>	Yes	No	<i>Transaction Paid</i>	<i>Date</i>	<i>Initials</i>

Approved

Name	
Signature	
Date	

Name	
Signature	
Date	