



Mount Lawley Senior High School Parents & Citizens Association, Inc

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Web Site: www.MLSHSPC.org.au

Email: secretary@mlshspc.org.au

REIMBURSEMENT REQUEST

To assist with our bookkeeping/record keeping/audit purposes, please complete the form below

REASON FOR EXPENDITURE

Description of Items Purchased & Activity/Event:

DATE OF EVENT: ____ / ____ / ____

Total amount of reimbursement: \$ _____

Please attach original receipts/invoices with this form and complete your name & address:

Name: _____ Phone _____

Address: _____

If reimbursements have already been made from takings prior to deposit, **please attach original receipts/invoices with this form.**

Applicants Signature: _____ Date: _____

A cheque will be issued to refund you – sent to the address you have filled in and made out in your name. If cheque is to be made out to an alternate name, please give details here:

REIMBURSEMENT CONFIRMED BY:

Name and Signature
Committee Member #1

Name and Signature
Committee Member #2

(Must be completed by **AT LEAST ONE** committee member).