OWNER REIMBURSEMENT REQUEST

Please complete all sections of the form and attach any requested supporting documentation. Once completed, please email the form and all supporting documentation to ***admin@neweystrataqld.com.au***

1. Claimant Type

Please tick the option that applies to you:

☐ Owner
☐ Committee Member
☐ Agent acting on behalf of an owner
☐ Other (please specify): _____

2. Claimant Details

Body Corporate Name & CTS:

Full name:

Lot number / unit number:

Postal address:

Email address:

Contact phone number:

If applying as agent, name of managing agency:

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3. Payment Details

Reimbursement will be paid by electronic funds transfer to the account nominated below.

Account name:

BSB:

Account Number:

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4. Expense Details

Date	Description of expense	Supplier/payee	Amount ($)

Total amount claimed ($):

Was this expense pre-approved by the committee/body corporate? (yes/no, and if yes, meeting date/motion reference):

5. Required Attachments

Please tick to confirm the following documents are attached to this application, as applicable:

☐ Original tax invoice or receipt for each expense claimed
☐ Proof of payment (e.g. bank statement, payment confirmation)
☐ Evidence of prior approval (e.g. committee meeting minutes or motion), if applicable

6. Declaration

By signing this form, I declare that:

- the expense(s) listed above were incurred by me personally, on behalf of and for the benefit of the body corporate;
- I have not been and will not be reimbursed for this expense from any other source;
- the attached invoices/receipts and proof of payment are true and accurate records of the expense(s) claimed;
- the expense was authorised in advance by the committee or body corporate, or I am seeking ratification of an expense incurred in good faith on the body corporate's behalf; and
- the bank details provided above are correct for the purpose of payment.

Signature:	
Date:	