REIMBURSEMENT REQUEST FORM

BUILDING DETAILS			
CTS #:		**Date:**	
Body Corporate/Scheme Name			
Address:			

PAYEE DETAILS				
Name:				
Mailing address 1:				
Mailing address 2:				
Email address:				
Phone number:				
Bank details:	**BSB #**		**Account #:**	

☐ Invoice/s & receipt/s attached ☐ Committee

PAYMENT DETAILS			
Invoice #	**Code**	**Description**	**Amount**
		Total	**$**

COMMITTEE APPROVAL (IF REQUIRED)			
Print name:		**Date:**	

☐ **By ticking this box I consent to the information provided being used by Capitol /BDGP to complete the verification process**

Please note that a form submitted without supporting documentation such as either a tax receipt, minutes of meeting approving the reimbursement, or written approval of a committee member, excluding the person making the claim (email is sufficient) or by signature of a committee member to this form ($500 limit on approval of committee members excluding supporting documentation) will be automatically rejected.

To ensure the security of your information, we will initiate a verification process by verbally confirming your bank account details. This process involves one of our team members contacting you by telephone following the lodgement of the form. The payment of your reimbursement can take up to 14 days, following bank verification and committee approval if required. We thank you for your understanding and patience whilst it is processed.

Return completed form to: creditors@capitolbca.com.au or Capitol Brisbane Office | PO Box 326 Alderley QLD 4051