



PAYMENT AUTHORITY

Payee Name:		Date	
Address:		Amount	\$

Payment Method:	<input type="checkbox"/> Cheque			Cheque #	
	<input type="checkbox"/> EFT	BSB		Account	
	Account Name				
	<input type="checkbox"/> Bpay	Biller Code		Reference	

Ministry Area			
Ministry Leader Authorisation	Name	Signature	

Cost Code	Details	Amount	GST
		\$	
		\$	
		\$	
		\$	
		\$	

Where no tax invoice/receipt is available, sufficient documentary evidence to the satisfaction of the Treasurer is to be provided to validate the expenditure. All unbudgeted expenditure up to the value of \$1,000 must be referred to Ministry Council for approval prior to the expenditure being incurred. All items of expenditure greater than \$1,000 must be considered at a members' meeting and approved prior to the expenditure being incurred. Expenditure must not be broken down into subsets in order to allow expenditure to be considered by Ministry Council. The Church will not be responsible for expenditure incurred by Members and Attendees where prior approval has not been given.

CLAIMANT FOR REIMBURSEMENT:

I certify that the amount claimed above is due and payable for goods supplied or the services rendered as described above. I have attached all the receipts and/or invoices.

Signature of Claimant		Date	
------------------------------	--	-------------	--

PAYMENT AUTHORITY

Signature of Treasurer		Date	
-------------------------------	--	-------------	--