



## Reimbursement Request Form

Please complete this form to claim for an expense incurred on behalf of the Body Corporate. Your claim must be submitted with supporting documents (i.e. receipts or invoices) for which you seek reimbursement. Your claim will be forwarded to the Committee for consideration and the reimbursement will be made only after it is approved by the Committee.

### Body Corporate Details -

Building Name ..... CTS Number .....

Building Address .....

### Applicant's Details -

Full Name of Person to Reimburse .....

Applicant is (please select)

Lot Owner (No. )

Committee

Caretaker/Building Manager

Property Manager on behalf of Lot Owner (No. )

Email .....

Mailing Address .....

Remittance Advice to be Delivered by (please select)

Email

Post

Account Details for Reimbursement:

- Account Name .....
- BSB .....
- Account Number .....

### Reimbursement Details -

What is this reimbursement for?

Does it relate to an insurance claim? YES NO

How many supporting document attached? .....

Total amount to be reimbursed: .....