



PIRATES SOFTBALL CLUB WA EFT REIMBURSEMENT

**TO BE COMPLETED BY PAYEE:**

Date Requested:

Requested By:

Payable To:

Address:

BSB:

ACCT No:

ACCT NAME

DESCRIPTION OF ITEM/S PAID

AMOUNT PAID (Inc. GST)

TOTAL AMOUNT FOR REIMBURSEMENT

SIGNATURE OF PAYEE:

SIGNATURE OF COMMITTEE MEMBER:

OFFICE USE ONLY

Date Transferred:

Transaction Receipt:

Expense G/L:

Total Transferred: