

# DIRECT PAYMENT / REIMBURSEMENT FORM



W A G G A W A G G A  
EVANGELICAL CHURCH

Payment:  Reimbursement  Direct Payment

Payee Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**Items being Claimed** (Please attach receipts and/or tax invoice to this form)

Description of Items Purchased and/or Intended Purpose	Amount Claimed (incl GST)
<b>TOTAL:</b>	

I certify that the items claimed are: priced reasonably, needed for a church activity, and will be mainly used by church.

<i>Signature</i>	<i>Date</i>
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**Payment Method** (Details not required if have been provided to WWEC previously)

<input type="checkbox"/> <b>Bank Transfer</b>	<i>BSB</i>		<i>Account No</i>	
<input type="checkbox"/> <b>BPay</b>	<i>Biller Code</i>		<i>Reference No</i>	
<input type="checkbox"/> <b>WWEC Mastercard</b>				

**Approval** (Completed by treasurer or delegate)

Budget Item Code	Budget Item Description	Claim Amount (incl GST)
	<b>TOTAL:</b>	

<i>Receipts Attached</i>	Yes	No	<i>Transaction Entered</i>	<i>Date</i>	<i>Initials</i>
<i>Approved</i>	Yes	No	<i>Transaction Paid</i>	<i>Date</i>	<i>Initials</i>

**Approved**

Name	
Signature	
Date	

Name	
Signature	
Date	