

**Tumut Basketball Association**  
**Reimbursement Request Form**



Name: \_\_\_\_\_

<input type="radio"/> Committee Member	<input type="radio"/> Referee	<input type="radio"/> Other
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Type of reimbursement being requested.

<input type="radio"/> Course Fee	<input type="radio"/> Meeting Costs	<input type="radio"/> Other
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Description of Request: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Amount Requested: \_\_\_\_\_

**Bank Details:**

BSB:	Account Number:
Signed:	Date:

**Receipts Attached**

<input type="radio"/> Yes	<input type="radio"/> No
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Date submitted to meeting: \_\_\_\_\_

**Approved:**

<input type="radio"/> Yes	<input type="radio"/> No	Date:
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Payment Date:	Amount Received:
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