

**Tumut Basketball
Request for Financial Assistance**



Name: _____

Address: _____

Are you a financial member of Tumut Basketball:

<input type="radio"/> Yes	<input type="radio"/> No
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Please provide details of any involvement you have had with Tumut BasketBall over the past 12 months as a volunteer: _____

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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