



**ANGLICAN BOARD OF MISSION**  
*Working for Love, Hope & Justice*

**Reimbursement Form**

Person to be reimbursed: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

Event being claimed for: \_\_\_\_\_

Date of Activity: \_\_\_\_\_

Email address for Remittance Advice: \_\_\_\_\_

Total Amount being claimed: \$ \_\_\_\_\_

All receipts attached? Yes  No -  Explanation \_\_\_\_\_

**Method of Payment:**

**Cheque**  
 Name on cheque \_\_\_\_\_

**Direct Deposit**  
 Account Name \_\_\_\_\_  
 BSB number 

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 Account number 

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**CASH** (If less than \$100.00) \_\_\_\_\_

**Person Authorizing Reimbursement:** \_\_\_\_\_

Accounting Use: (Please provide codes)  
 (Dept: \_\_\_ Expense: \_\_\_\_\_ Source: \_\_\_\_\_ Program/Fund: \_\_\_\_\_ Activity: \_\_\_\_\_ Staff: \_\_\_\_\_)

Please return this form to: Attention: {Authorising Staff Member},  
 Anglican Board of Mission  
 Locked Bag Q4005, Queen Victoria Building  
 SYDNEY NSW 1230