

CARINE PRIMARY SCHOOL P&C ASSOC. INC.

ABN: 42 465 012 368

PAYMENT VOUCHER

This form is to be completed whenever a payment is made by a P & C Member / Volunteer.
The tax invoice for the goods and / or services **must** be attached.

Contact Information for Person Requesting Payment

Name: _____

Address: _____

Phone: _____

Payment method requested (please tick)

- Cheque or**
- Direct Credit – complete details below – Maximum \$2000 by Direct Credit**

BSB: _____ Account Number: _____ Account Name: _____

Details of Expense Payment

Total: \$

Office use only

Date Paid _____

- Cheque Payment

Cheque Number	Payee	Amount
		\$

- Direct Credit – MUST ATTACH BANK CONFIRMATION.

Name of Authorised Signatory

Name of Authorised Signatory

TREASURER USE ONLY	