



Reimbursement Request Form

Please complete this form to claim for an expense incurred on behalf of the Body Corporate. Your claim must be submitted with supporting documents (i.e. receipts or invoices) for which you seek reimbursement. Your claim will be forwarded to the Committee for consideration and the reimbursement will be made only after it is approved by the Committee.

Body Corporate Details -

Building Name CTS Number

Building Address

Applicant's Details -

Full Name of Person to Reimburse

Applicant is (please select)

Lot Owner (No.) Committee Caretaker/Building Manager

Property Manager on behalf of Lot Owner (No.)

Email

Mailing Address

Remittance Advice to be Delivered by (please select) Email Post

Account Details for Reimbursement:

- Account Name
- BSB
- Account Number

Reimbursement Details -

What is this reimbursement for?

Does it relate to an insurance claim? YES NO

How many supporting document attached?

Total amount to be reimbursed: