



# CLUBS PAYMENT FORM

Note: If you are filling out this form for your own personal reimbursement, the authorisation signatures must be from two club signatories other than yourself.

Date	Club Name
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## PAYMENT DETAILS

Payment Recipient Name		
Phone Number		
Email Address		
Payment type (please check one)	<input type="checkbox"/> Personal Reimbursement	<input type="checkbox"/> Invoice Payment
Bank account number to be paid		
Grant Details (yyyy/Round No)		

## DETAILS OF CLAIM

Description (attach receipts/invoices)	Gross Amount	Net Amount (ASA use only)
TOTAL		

## CLUB AUTHORISATION

1	Name		2	Name	
	Position			Position	
	Signature			Signature	

## ASA USE ONLY

ASA Signature 1		ASA Signature 2	
Reference			