



ALBANY STUDENTS' ASSOCIATION INC.
Advocacy | Representation | Student Services.
www.asa.ac.nz

CLUB 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: _____

Payment Details

Payment Recipient Name: _____

Ph No: _____ Email: _____

Payment type (please circle one): Personal reimbursement / Invoice payment

Bank account number to be paid: _____

Grant Details (yyyy/Round No): _____

(e.g. 2020/R1 or Members' Funds)

Details of Claim

Description <i>(Attach any receipts/invoices to back of this form)</i>	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: _____