

REIMBURSEMENT REQUEST FORM

BUILDING DETAILS	
CTS #:	Date:
Body Corporate/Scheme Name	
Address:	

PAYEE DETAILS				
Name:				
Mailing address 1:				
Mailing address 2:				
Email address:				
Phone number:				
Bank details:	BSB #		Account #:	

Invoice/s & receipt/s attached

Committee

PAYMENT DETAILS			
Invoice #	Code	Description	Amount
Total			\$

COMMITTEE APPROVAL (IF REQUIRED)			
Print name:		Date:	

By ticking this box I consent to the information provided being used by Capitol /BDG to complete the verification process

Please note that a form submitted without supporting documentations will be automatically rejected. Supporting documentation includes:

1. Invoice with proof of payment
2. Tax receipt
3. Minutes of a meeting approving reimbursement
4. Written approval from a committee member (excluding the person making the claim)

This form is not applicable to owners or committee members seeking a payment for services (i.e. gardening). Payment for services must submit a tax invoice to the body corporate.

To ensure the security of your information, we will initiate a verification process by verbally confirming your bank account details. This process involves one of our team members contacting you by telephone following the lodgement of the form. The payment of your reimbursement can take up to 14 days, following bank verification and committee approval if required. We thank you for your understanding and patience whilst it is processed.