AUSTRALIAN PHOTOGRAPHIC SOCIETY INC.
(Incorporated in the ACT on 7th May, 1962)
ABN: 22 688 698 261

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Re-imbursement Claim For Personal Expenses

Drawn against _____ Division/Account

Claimant's Name: _____ Date: ____/____/____

Address: _____

State: _____ Post Code: _____

Signature: _____ Position: _____

The APS preferred method of payment is EFT (direct bank transfer), however a cheque can be provided. Please note, cheque payment will be delayed compared to EFT. Would the claimant prefer payment by cheque ☐ or direct deposit ☐ (please tick). For direct deposit, please provide:

BSB: _____ Account No: _____ Account Name: _____

Date	**Details**	**Total**
	Claim Total	

Please note: Totals are to include GST

Authorised by: _____ Signature: _____

Office held: _____

Amt authorised: _____ Date: _____

NOTE: ALL ORIGINAL SUPPORTING DOCUMENTATION MUST BE INCLUDED WITH THIS FORM BEFORE ANY PAYMENT/S WILL BE SANCTIONED.

Cheque No: _____

Date: _____