



P&C Association Kotara South Public School

Expense Reimbursement Form

Name: _____

Date: _____

Expense Details

Supplier	Description	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Total \$

Receipt(s) attached:
(Circle response)

Yes

No -Please explain why: _____

Bank Account Details

Account Name: _____

Bank: _____

BSB: _____

Account : _____



P&C Use Only

Name _____

P&C Position _____

Date _____

Date Paid: _____

Receipt #: _____