



# 2016 Athlete Reimbursement Payment Form

**\*\*PLEASE ATTACH ORIGINAL RECEIPTS / INVOICES\*\***

To claim a reimbursement or to have an invoice paid from your WS NSW Levy or Grant account, please complete the following information:

**ATHLETE NAME:** \_\_\_\_\_

DATE	EXPENSE	RECEIPT AMOUNT	AMOUNT CLAIMED	CONVERSION TO AUD (if applicable)

Please reimburse me by (please tick & complete relevant details);

- Cheque → Made out to: \_\_\_\_\_
- Direct Transfer → Account name: \_\_\_\_\_
- Bank: \_\_\_\_\_
- BSB: \_\_\_\_\_ A/C No. \_\_\_\_\_

### Payment to a Company / Organisation

Pay Account Directly  → Please attach **ORIGINAL** invoice

DATE	EXPENSE	AMOUNT	COMPANY / ORGANISATION	CONVERSION TO AUD (if applicable)

I verify that this is a true and accurate account of my records:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form with appropriate documentation attached to: [accounts@wsnsw.org.au](mailto:accounts@wsnsw.org.au)  
Or mail to PO Box 3244 Putney NSW 2112

***Please photocopy this form for future claims***