



REQUEST FOR: REIMBURSEMENT

NAME OF BODY CORPORATE: _____ CTS

PROPERTY ADDRESS: _____ LOT/UNIT: _____

APPLICANT NAME: _____

REIMBURSEMENT DETAILS

What is the reimbursement for?

Does this relate to an insurance claim? Yes No

Amount to be reimbursed? \$ _____

NOTE: Please ensure bank details are correct. Payments into incorrect bank details may not be recoverable.

| | |
|-------------------|--|
| Bank Account Name | |
| BSB | |
| Account Number | |

SUPPORTING DOCUMENTS

- Tax Invoice
 Other Proof of payment

Supporting documents providing proof of payment must be provided along with the request form to ensure the reimbursement can be processed.

Sign: _____ Date: _____