

PO Box 402 Varsity Lakes QLD 4227

Payment Approval

PAYEE: _____

DATE: _____

ADDRESS: _____

DUE DATE: _____

\$ _____

Does the entity have an ABN? Yes No

Is the entity registered for GST? Yes No

Is the item a budgeted item? Yes No

ATTACHMENTS REQUIRED:

A tax invoice is **REQUIRED** for amounts over \$82.50, a standard receipt is required for anything less.

ADDITIONAL DETAILS:

APPROVAL: (Two authorised signatures are required; the two cannot be related in anyway.)

NAME: _____

NAME: _____

SIGNATURE: _____

SIGNATURE: _____

CHURCH AREA: _____

CONTACT No: () _____

OFFICE USE ONLY			Description (e.g. Hall hire – March)	GST	Amount (Incl. GST)
Account Number	Division	Minor Code			
Approved:			TOTALS		
Cheque No:					
Cheque Date:					