

CLUB PAYMENT REQUISITION/WITHDRAWAL

Please Note: Only ONE supplier payment per form

You cannot request or authorise payment to yourself or family member. Two signatories are required.

Club	Date	Office Use Only	
Name of 1st Club Official		<i>Payment No.</i>	
Signature of 1 st Club official		<i>Date</i>	
Contact phone number		<i>Finance Signature</i>	
Email address			
Name of 2nd Club Official		<i>Posted</i>	
Signature of 2 nd Club Official			
Tick applicable Fund (State amount if split over accounts)		<i>A/c balance</i>	<i>A/c number</i>
<input type="checkbox"/> Trust Account	\$_____exGST		
<input type="checkbox"/> SUS Allotment Grant (state budget heading):	\$_____exGST		

<input type="checkbox"/> Capital 1:1	\$_____exGST		

PAYEE'S NAME	PURPOSE FOR WITHDRAWAL (Description Needed for reports)	AMOUNT
PAYEE'S CONTACT DETAILS		
Address:		
Ph:		
Fax:		
Email:		
	GST Amount	\$
	Payment Total	\$

Payee Bank Details
Account Name:
Bank Name:
BSB (6 digits):
Account No:

Note: Supplier Payments are processed weekly. Payments are made each Friday. Pay Req Forms must be completed and given to the Sydney Uni Sport & Fitness office by 5pm on Tuesday.

Office Use Only

Sport & Rec Approval: _____ Date: _____