

Wheelchair Sports Victoria**MEMBER LEVY ACCOUNT***Payment / Reimbursement Requisition(Member to complete)*

Date: _____ Amount: \$ _____

Member Name: _____ Member #: _____

Payable to: _____

Address: _____ EFT Details: BSB: _____
(If Applicable)

Signature: _____ A/C #: _____

*Please attach invoices/ receipts here supporting your request.****Accounting Details (Office Only)***

Date Received: _____ Received by: _____

Financial Member: YES / NO Account Balance: \$ _____

Sports Dev. Dept.: _____ Finance Dept. _____

Date: Processed: _____ Cheque #: _____ JOB ID: _____

Cheque Signatories: _____