

# PAYMENT REQUEST FORM



Brisbane Legacy  
**41 Merivale Street, South Brisbane Qld 4101**  
 Postal address: PO Box 3003, South Brisbane BC Qld 4101

## Payee's details

Payee name:			
Amount:	\$	Date:	...../...../.....
Department:	<input type="checkbox"/> Community Service <input type="checkbox"/> Admin <input type="checkbox"/> Fundraising                      Contact Group _____ <input type="checkbox"/> Other                      Care Group _____		
Requested By:			

## Payment type (please include CRM # if known)

- |  |  |
|--|--|
| <input type="checkbox"/> Staff/Legatee Reimbursement<br><input type="checkbox"/> Family Assist _____<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Traditional Widow _____<br><input type="checkbox"/> Contemporary Widow _____<br><input type="checkbox"/> Explorer _____ |
|--|--|

## Urgent Payment

YES Please Pay by (Date):

NO - Please pay in normal Thursday Payment Run

## Payment Particulars

<b>BANK ACCOUNT DETAILS (If required) on file</b>			
BSB		BANK ACCOUNT	
ACCOUNT NAME			

## Approval of payment *(to be completed by manager/supervisor)*

Approved       Not approved      Requested Expense Code: \_\_\_\_\_

Signature of manager/supervisor: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Office use only	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">GL CODE</td> </tr> <tr> <td style="padding: 2px;">PAID</td> </tr> </table>	GL CODE	PAID	_____ Finance Officer                      Date
GL CODE				
PAID				