



REQUEST FOR REIMBURSEMENT FROM A STRATA SCHEME

Please complete the details below for reimbursement via EFT

Please attach all receipts and email to: strata@chambersfranklyn.com.au

STRATA SCHEME:

STRATA SCHEME ADDRESS:

PAYEE'S DETAILS:

OWNER

AGENT

OWNER-AGENCY:

LOT NUMBER:

PHONE NUMBER:

EMAIL ADDRESS:

CONTACT ADDRESS:

SIGNATURE OF CLAIMANT:

DATE:

PAYEES BANK ACCOUNT DETAILS:

BSB:

ACCOUNT NUMBER:

ACCOUNT NAME:

REIMBURSEMENT OF EXPENDITURE (complete & attach receipts)			
SUPPLIER	AMOUNT	DESCRIPTION OF EXPENDITURE	Expense Code Office use
TOTAL AMOUNT	\$	Receipts Attached.	

Request For Levy Refund

Levy Description	Date Paid	Amount	Proof of Payment Attached

OFFICE USE ONLY	
Bank details verbally verified by:	Date