 PAYMENT REQUISITION:

 Date submitted:

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Supplier | Details | Amount |
|  |  |  |  |
| **Person requesting payment:****Date of Approval at Committee or General Meeting:** |
| **Payment to be sent to:** [ ]  **Supplier**[ ]  **Person requesting payment** |
| Payment to be made by  |  [ ]  Cheque No | Date |
| Address: |
|  [ ]  Bank Transfer |  |
| BSB | Acct No |
| Name of account: |