



ATHLETE/STAFF REIMBURSEMENT REQUEST

ATHLETE/STAFF NAME:

COMMENTS:

FOR WAIS OFFICE USE ONLY			PLEASE ENSURE RECEIPTS AND SUPPORTING DOCUMENTS ARE ATTACHED . IT MUST BE A TAX RECEIPT NOT JUST AN EFTPOS DOCKET.	
ACCOUNT CODE	DEPARTMENT	PROJECT CODE	AMOUNT	DESCRIPTION
TOTAL:			\$	-

I hereby declare the information provided on this form is true and correct.

Requested by:

Signature:

ATHLETE/STAFF NAME

ATHLETE/STAFF SIGNATURE

Date:

I certify that this account is correct with respect to the requirements of Treasurer's Instruction 304, the WAIS Clinical Gap Policy and the WAIS Financial Management Manual.

Incurring Officer:

Signature:

Date:
