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|  | **The Gap State High School****Parents and Citizens Association** |

***REQUEST FOR PAYMENT/reimbursement***

|  |  |
| --- | --- |
| **Date:** | **Payee:** |
| **Payment Method:****(please tick)*** **Direct Debit**
* **Cheque**
 | **Amount:** | **Entity:** |
| **Reason for payment/reimbursement: \*** |
| **Payment Details for Direct Debit** | **BSB No.:**  | **Account No.:** |
| **Name account is held in:** |
| **Cheque Payment:****Cheque No.: \_\_\_\_\_\_\_\_** | **Cheque mailing address:**  |

**\*Receipts or invoices to be paid MUST be attached.**

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