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

***REQUEST FOR PAYMENT/reimbursement***

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| **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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