

Please indicate type of reimbursement:

- Money spent on behalf of the kindergarten (ie reimburse from Kindergarten funds)
- Money spent on a purchase covered by Association funds - eg Professional Development, PRT Grant etc

Please use ONE form for EACH person requiring reimbursement. Thanks

| | |
|-------------------|--|
| Kindergarten Name | |
| Date | |

| | |
|----------------------|--|
| Name | |
| Bank Account Details | |

Please record details of reimbursement below. Attach all invoices or receipts to this form.

| INVOICE NUMBER | INVOICE DATE | CODE | DETAILS OF PURCHASES | (K) Kgtn (E) Equity (G) Grants (S) Savings | AMOUNT OF INVOICE (Inc GST) |
|--|--------------|------|----------------------|---|--------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | TOTAL | \$ |
| STAFF MEMBER/PARENT - SIGNED/DATE | | | | | |
| AUTHORISED BY HEAD TEACHER | | | | | |
| GM Authorisation (for any reimbursement to Head Teacher) | | | | | |