

6



Payment Batch

Kindergarten Name	
Date of Summary	

INVOICE NUMBER	INVOICE DATE	CODE	NAME OF SUPPLIER	(E) Equity (G) Grants (S) Savings	AMOUNT OF INVOICE (Inc GST)
				TOTAL	\$
Head Teacher's Signature				Date Approved	

REMEMBER – Committee Approval Required on invoices over \$500.00

Please attach all original invoices and post to Association in envelope provided. Must be at Assn by 15th for any payments required by 20th.