REFUND / PAYMENT REQUEST

CREDITOR DETAILS *(PLEASE PRINT CLEARLY)*

Name: _____ Contact Name: _____

Address: _____ State/PC _____

Phone No: _____ E-Mail: _____

ABN: _____ GST Registered: (circle one) Yes or No

The refund form must be completed by the original payer as per the receipt. If the refund relates to monies that were paid to the Town by another person or entity, then an authorisation from that person must be attached in writing to have the monies returned to you.

BANKING DETAILS –

Financial Institution Name:	
Branch Name:	
Account Name:	
BSB Number:	__ __ __ - __ __ __
Account Number:	

I request refund/payment of

(Please ensure all relevant details/receipts are provided to ensure there is no delay in processing)

- Hall/Venue Hire **(Venue Details, Date & Time of Booking)** _____

  _____

  Key# _____Key Returned **Y/N**
- Cancelled Application/Registration/Enrolment **(Details, Address & Reason)** _____

  _____
- Other (**Please provide all relevant details**) _____

  _____

_____ _____

Customer Signature Date

OFFICE USE ONLY

G/L / Trust Number(s) _____ **AMOUNT** $_____

_____ $_____

Onsite Inspection carried out **Y/N** **GST (If applicable)** $_____

Satisfied conditions are met **Y/N** **TOTAL** $ _____

Key#_____ Key Returned **Y/N**

Circle where applicable. Attached: Supporting Documentation / Statement by Supplier (if no ABN)

Inspected by:_____ Signature:_____

Authorised by: _____ Signature: _____ Date: _____

The personal information collected on this form will be used by the Town of Bassendean to manage and administer its services and meet legal and governance obligations. Your information may be disclosed to relevant third parties where necessary to provide these services or where required or permitted by law.

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