



TOWN OF  
**Bassendean**

## 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**

<b>G/L / Trust Number(s)</b> _____	<b>AMOUNT</b>	<b>\$</b> _____
_____		<b>\$</b> _____

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: \_\_\_\_\_