

REFUND / PAYMENT REQUEST



Town of Bassendean
PO Box 87
Bassendean WA 6934

Phone: 9377 8000
Fax: 9279 4257

Email: mail@bassendean.wa.gov.au

CREDITOR DETAILS (PLEASE PRINT CLEARLY)

Name: _____ Contact Name: _____

Address: _____ State: _____ P/C: _____

Phone No: _____ E-Mail: _____ Fax: _____

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

The refund form must be completed by the payer whom is on 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)

- Building /Demolition/ Security Deposit (**Building Permit Number, Amount & Address of Development**)

- Development/Subdivision Bond (**Development Permit Number, Amount & Address of Development**)

- Hall Bond (**Venue Name & Date of Hire**) _____

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

Customer Signature

Date

OFFICE USE ONLY

G/L / Job / Trust Number(s) _____ \$ _____

_____ \$ _____

Key No: _____ Returned Y/N _____ GST (indicate if not applicable) \$ _____

TOTAL PAYMENT: \$ _____

Circle where applicable:

Attached: Supporting Documentation / Statement by Supplier (if no ABN) / Mail out with Supporting Documentation

Requested by: _____ Signature: _____

Authorised by: _____ Signature: _____ Date: _____
Manager