

# Funds Reimbursement 27

## Form Preview

### Invoice for payment / Course Funds Reimbursement Claim Form

\* indicates a required field

#### SmartGrants Application ID \*

#### Applicant \*

Individual  Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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#### Applicant Position \*

#### Applicant Primary Phone Number \*

Must be an Australian phone number.

#### Applicant Primary Email \*

Must be an email address.

#### Applicant Department \*

#### Course name payment is in relation to: \*

Other:

Fill out question below if referring to a memorial day funded by GCHF - write see below in 'other'

#### GCHHS support event name

#### Reimbursement of Out of Pocket Expenses (Receipts)

Expenditure	\$	Upload proof of purchase (receipt)
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Invoice to be paid - please ensure invoices are made out to Gold Coast Hospital Foundation

**Total of all invoices**

Must be a dollar amount.  
Enter the total amount expected to be received.

**Description**

**Upload all Invoices \***

Attach a file:

Total amount being reimbursed and invoiced

**Total Expenditure Amount \***

\$

This number/amount is calculated.

Payee Details (please note only one payment can be processed for this reimbursement claim)

**Payee Name (and Company Name if applicable) \***

**Account Name \***

**BSB \***

**Account Number \***

**Authorisation**

Upload Authorisation form which has been signed off by the Department Director/Manager.  
Download this form [here](#)

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**Upload once authorised \***

Attach a file: