

TRIM Reference: _____



RATES REIMBURSEMENT

APPLICANTS DETAILS

Name: _____

Address: _____

Phone Number: _____ Mobile Number: _____

Email Address: _____

PROPERTY REQUEST RELATES TO

Assessment No: _____ Lot Number: _____

Address: _____

BANK ACCOUNT DETAILS

Name: _____

Account Name: _____

BSB Details: _____ Account Number: _____

Remittance Advice: Yes No *If you require a remittance advice, please reconfirm your email address.*

Email Address: _____

REASON FOR REIMBURSEMENT

Description:

Reimbursement Amount: \$ _____

REQUIRED DOCUMENTATION

Proof of payment is required – if applicable. Please attach a copy of your receipt or a bank statement with this form.

Signature: _____ Date: _____

OFFICE USE

Processed: Yes No

Notes:

Officer Initials:

Date:
