

## PERSONAL REIMBURSEMENT/ WORKS CARRIED OUT INVOICE

Date: \_\_\_\_\_  
Strata Plan No.: \_\_\_\_\_  
Strata Plan Address: \_\_\_\_\_

### ITEMS FOR REIMBURSEMENT / WORK CARRIED OUT

(Items for reimbursement will need to have invoices attached.)

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Total Reimbursement: \$ \_\_\_\_\_

Requested By: **Owner / Tenant / Other** (please circle applicable reference)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Bank Account Details:      BSB: \_\_\_\_\_      Account No.: \_\_\_\_\_

Signature: \_\_\_\_\_

***By signing this request, the applicant confirms that the bank account details provided as above are correct and that they have paid for the items claimed.***