## APPLICATION FOR PAYMENT – REFUND FOR COMMUNITY FACILITES & RECREATION

## **Payee Details** Name or Company Street number Street name Suburb Postcode Phone number Email address **Event Details** Name of Venue Receipt Number **Booking Number** e.g. R000056088 e.g. 552558 Event Date Please note if you are not the payee stated on the receipt, a signed authorisation must be attached signed by the original payee **Bank Account Details** Account Name **BSB** Number Account Number Signature Date Council is not liable for lost payments due to incorrect details **Office Use Only** GST (Y/N)

Total Payment To be completed by the requesting Council officer



Office Use Only	
A copy of the receipt and/or supporting documents must be attached	
Payment Details	
I certify that this requisition is in accordance with the Delegations of Authority	
I certify that this requisition is in accordance with the Delegations of Authority Requested by	
Requested by	
Requested by	
Requested by Signature	
Requested by Signature Name	
Requested by Signature Name Position Authorised by	
Requested by Signature Name Position	
Requested by Signature Name Position Authorised by	
Requested by Signature Position Authorised by Signature	



## **CONTACT US**

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