

THE ROTARY CLUB OF FRESHWATER BAY CHARITY FUND, Inc

PAYMENT REQUEST FORM

Payee Name _____

Address _____

Bank Account Details: (if payment by EFT is required please complete the following)

Account Name: _____

BSB: _____ Account Number: _____

Description	Total Exc. GST	Total Of GST	Total Inc GST

Special Instructions:

Requested by: _____

Signature: _____ Date: ___/___/___

Authorised by: _____ Date: ___/___/___
Chairman / Secretary)

Payment Made: Cheque/EFT Ref. _____ Date ___/___/___

Treasurer: -----