



Payment Requisition Form

Recurring Item or under \$1,000
Non-recurring item and over \$1,000
(Please attach Purchase Application Form)

Account Use
Receive date:
Payment number:
Account charge to:

SUPPLIER:		INVOICE DATE:
SUPPLIER REF. NO.:		DUE DATE:
RECEIPT EMAIL:		
CATEGORY:	DESCRIPTION:	AMOUNT:
	GST Total: Gross Amount:	
ACCOUNT USE ONLY:		
PAYMENT METHOD (if no invoice attached)	Cash in Advance	
BPay Biller code: Reference number:	Direct Transfer A/C Name: BSB: A/C Number:	Direct Debit

Name (Print): _____ Title (Print): _____

Signature of Originator: _____ Date: _____

<input type="checkbox"/> Payment < \$1,000 Reviewer (IM) Management Approval (AM)	<input type="checkbox"/> \$1,000 ≤ Payment < \$5,000 Reviewer (IM/AM/GM) Management Approval	<input type="checkbox"/> Payment ≥ \$5,000 Reviewer (IM/AM/GM) Management Approval
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Remarks: IM=Immediate Manager / AM=Administrative Manager / GM = General Manager