



**MeDUSA**

# Payment Request Form

PAYEE DETAILS		TYPE OF PAYMENT	
Name		<input type="checkbox"/> Supplier	
Address		<input type="checkbox"/> Reimbursement	
Email		<input type="checkbox"/> Refund	
Phone Number		<input type="checkbox"/> Other:	

PAYMENT METHOD			
Specific Sub-Committee	<input type="checkbox"/> MeDUSA	<input type="checkbox"/> Ballarat	<input type="checkbox"/> Eastern Health
	<input type="checkbox"/> Pre-clinical	<input type="checkbox"/> Warrnambool	<input type="checkbox"/> Geelong
	<input type="checkbox"/> Other _____		
EFT Transfer	Account Name:		
	BSB #:	Account #:	

PAYMENT DETAILS		
Description	Event name and date	Amount
<b>Total</b>		

\*Invoices and receipts **MUST** be attached otherwise payment will not be processed

**Requested By** \_\_\_\_\_

Name Signature Date

Please send this form, along with any receipts/invoices and Event Assessment forms to [treasurer@medusa.org.au](mailto:treasurer@medusa.org.au). Your payment should be processed within 3-5 business days. Please contact [treasurer@medusa.org.au](mailto:treasurer@medusa.org.au) if there are any delays or if you require urgent payment.