PAYMENT SUMMARY

Date:	Amount: \$	
Pay To:		
BSB:	Account:	
Payment Type: BPAY / DIRECT DEPOS	IT / PAYPAL / CLUB CARD :	
Expense Description		
Prepared by:	□ Reimbursement	
Ammunicad by	□ 3 Quotes Supplied	
	□ Minutes Attached	

□ Invoice Attached