



REQUEST FOR REIMBURSEMENT FROM THE STRATA COMPANY

Reimbursement to be requested from the following Strata Company	
Strata Plan	
Of Lot Number	
Reimburse to whom	
Email address for remittance advice	
Electronic Payment Transfer Details	
BSB	
Account number	
Account name	
Amount and Reason for reimbursement	
Total amount	\$
Reason for reimbursement	
Please combine a copy of the receipt with this doc as one PDF or Add receipt as attachment here	
Office Use Only	
GL Code for this reimbursement	
Date received by Strata Manager	