

Northern Tablelands Wildlife Carers Inc.

ABN: 26 342 302 162

Licence No MWL000100242

FUNDS REQUISITION/ REQUEST FOR TRAINING SUBSIDY

Requested By:..... (Name Of Member) _____ **Signature**

Date:..... **PH:**..... **FAX:**..... **Email:**.....

Payee (ie. Who the cheque is to be written out to)	Address of Payee	Description Of Expense	Receipt (Y/N)	TREASURER'S USE ONLY	
				Cheque Number	Cheque Date
TOTAL AMOUNT			\$		

Please attach original invoice or receipt and complete one approval section below.

<p>1. Payment Approved by 2 executive members of the NTWC:</p> <p>Name : _____ Name : _____</p> <p>Position : _____ Position : _____</p> <p>Signature : _____ Signature : _____</p> <p>(Payments approved by 2 executive members must be ratified at the next NTWC meeting)</p>	<p><u>OR</u> 2. Payment approved at a NTWC meeting :</p> <p>Date of meeting:</p> <p>Meeting held at:</p> <p>.....</p>
<p>TREASURER'S USE DATE MAILED:</p>	

NTWC TREASURER: P.O. BOX 550, ARMIDALE NSW 2350 PH 1800 008 290