

Payment Request Form – FHS Postgraduate Rebate

For payment to non-ACU staff members/students and non-ABN holders

FOR ACU INTERNAL USE ONLY

Please ensure account strings provided are valid and correct

Entity	Project Code	SoF	Natural Account	Amount \$ (sum of below must equal total)
\$.
\$.
Total \$				

Requisitioned by Head of School: _____ Date: _____

Name/s of Signatory: _____
(As per Financial & Budget Delegations)

Authorising Signature/s: _____ Date: _____

Please note forms with any incorrect information or insufficient supporting documents may result in payment being delayed.

Special Instructions:
