

Payment Request Form – FLB Postgraduate Rebate

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

Student Number (must be provided for ACU students)	Date Month Year
Student Name:	Total Amount:
Email:	
Phone:	

Reimbursement details: (Please give details of course from which you have graduated)

Course Title: ____

Year Graduated: _____

Postgraduate unit(s) for which you are eligible to claim your Alumni rebate:

Study Period and Year			

Please attach supporting tax invoices/receipts/documents (e.g. download from Student Connect post census date)

Please note: Payment will only be processed to ONE bank account									
AUD bank account Account Name (if different to Payee Name):									
BSB	Bank Account Number								
 I confirm that I am a full fee paying domestic postgraduate student (excludes international alumni). I confirm that I will not or have not received any other scholarship/discount/bursary for the course for which I am applying to receive the FHS 10% Alumni rebate 									
Student Signature									



FOR ACU INTERNAL USE ONLY

Please ensure a Entity	ccount strings provided Project Code	are valid and corre SoF	ect Natural Account	(sum o	Amount \$ (sum of below must equal total)	
			Tota	\$		
Requisitoned by	/ Head of School:			Date:		
Name/s of Signa	tory: (As per Financial &	Budget Delegations)			
Authorising Sig	nature/s:			Date:		

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



Special Instructions: