

Authority to pay form

You may use one of these forms for multiple receipts or invoices where the Payee and bank details are the same. Where there are multiple payees, use an additional form.

| FOR QRIDA OFFICE USE ONLY | |
|---------------------------|--|
| Spoke to: | |
| Date: | |
| Time: | |
| QRIDA name: | |

V1: 3/8/2023

| Details for payee | | | |
|-------------------|---------------|--------|-----------|
| Applicant name: | Adviser name: | | |
| Postal address: | Suburb: | State: | Postcode: |

| Bank details for payment by electronic funds transfer | | | |
|---|---|-----------------|------------|
| Account name: | | | |
| BSB: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Account number: | Bank name: |

| Description of invoices <small>(Note: QRIDA will pay the GST inclusive amount on the invoices supplied)</small> | | | |
|---|----------|--|---------------------------|
| Inv # | Supplier | Description relating to approved funding purpose | Amount (\$) Excl. GST |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| | | | Total GST (\$) |
| | | | Total Inc. GST (\$) |
| | | | Total payment amount (\$) |

| Applicant Signature/s <small>(Please ensure all applicants sign this form)</small> | |
|--|------------|
| Full name: | Full name: |
| Signature: | Signature: |
| Date: | Date: |