



**MARLBOROUGH PRIMARY SCHOOL**

**Direct Deposit/Cheque/Petty Cash Request Form**

Date: \_\_\_\_\_

Payee: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

ABN or REIMBURSEMENT \_\_\_\_\_

BSB: \_\_\_\_\_ Acc No.: \_\_\_\_\_

Account Name: \_\_\_\_\_

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount: \_\_\_\_\_

Budget: \_\_\_\_\_

General Ledger Code: \_\_\_\_\_ Sub Program Code: \_\_\_\_\_

Name of person authorised to sign: \_\_\_\_\_

Signature: \_\_\_\_\_

Please attach any relevant documentation