

Perth Children's Hospital Foundation

Request for Funds

Grant / Fund Details			
Grant / Fund ID			
Grant Title			
Hospital Department			
Applicant Name			
Claim Details			
Date			
Purpose for Funds			
Claim Amount \$(AUD)			
	Amount Excluding GST (Amount deductible from Grant awarded value)	GST	Total Amount Payable (including GST)
Invoice Numbers			
Please attach all applicable Tax Invoices / Tax Receipts as PDFs and include a detailed Claim Summary formatted in excel for more than one item.			
Payment Details			
Payee Name			
Bank Account Name			
Bank			
BSB			
Bank Account Number			
Email (Remittance)			

Authorisation			
Authorising Officer 1 (E.g. Grant applicant or nominated grant authority)			
Name		Signature	
Position		Email	
Authorising Officer 2 (E.g. Nominated grant authority or Head of Department)			
Name		Signature	
Position		Email	
Notes			

Email completed request to accounts@pchf.org.au

Further information for Grant / Fund claims is detailed in PCHF Payment Guidelines or please contact our Grants Department via grants@pchf.org.au

Perth Children's Hospital Foundation – Office Use Only			
Executive Approval			
Name		Signature	
Position		Date	
Payment Date		Remittance Sent	