

PAYMENT REQUEST FORM

FOR EXTERNAL PARTICIPANTS ONLY

Payable To: _____

Complete Payee's Bank Account Details:

Bank Name: _____ (e.g. Commonwealth, ANZ, NAB etc)

Branch Name: _____ (Branch/Suburb account was opened)

BSB Number: - (Branch No. must have 6 digits)

Account Number: (Account No. maximum 9 digits)

Name of Account Holder: _____

Melbourne Health Service
 Western Health Service
 Please Select One Health Service Per Form

Details	Amount (Excl. GST)	GST	Amount (Incl. GST)	Campus	Cost Centre	Account	Sub Account
1 Course Name:	\$	\$	\$	WHS	WSH-P0613	35802	0
2 Course Date:	\$	\$	\$				
3	\$	\$	\$				
4	\$	\$	\$				
5	\$	\$	\$				
6	\$	\$	\$				
TOTAL							

THE SECTION BELOW TO BE COMPLETED BY EDUCATION & LEARNING

Requested By: (Print Name) _____

Date: _____

Authorised By: (Print Name & Sign) _____

F **8395 8183** Dept: **EDUCATION & LEARNING**

Please Forward Cheque and/or confirmation of EFT Payment To: welearn@wh.org.au

**** Please complete form and email with supporting documentation to:**

Melbourne Health - Email to: MHS - AP Invoices
 Western Health - Email to: WHS - AP Invoices

Enquiries: (03) 9342 7252

AP USE ONLY

V/N _____

PC _____

D/Date _____