

# PINNACLE STRATA REIMBURSEMENT FORM



Building Name:

Date:

Claimant Name:

Address:

Phone:

Date	Description	Cleaning	Building	Grounds	Electrical	Plumbing	Equipment	Other

Total Reimbursement Amount: \$

Please pay into: Account Name:  BSB:  Account No:

Claimant's Signature: \_\_\_\_\_

**Note: Please ensure that all receipts/proof of payment are supplied and attached to this reimbursement form. All reimbursements submitted to the Body Corporate for payment, must still proceed through the invoice approval process, which may differ for each Scheme.**