SMMC Emerging Leaders Incentive Scheme (ELIS) Claim Form

Student Name:		Year Level	

Date	Supplier	Purpose of expenditure	Amount of Invoice
			$
			$
			$
			$
			$
			$
			$
Total of claim (Please attach original dockets with claim)			$

I _____ (Parent/Guardian) confirm that the above expenditure was incurred in respect of _____ (ELIS Participant) and to the best of my knowledge and belief is eligible for payment under the conditions of the Emerging Leaders Incentive Programme.

Name of Claimant: _____

Signature of Claimant: _____
(Signature) (Date)

Details for Payment

Bank	BSB	Account Name	Account Number

Office use only

Authorised by:

_____
(Name) (Signature) (Date)