

## 1. CONTACT DETAILS

Surname or Company Name: \_\_\_\_\_ Given Names: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## 2. ACCOUNT DETAILS

*All bond refunds are paid directly into the nominated bank account outlined below.*

Financial Institution: \_\_\_\_\_ Account Name: \_\_\_\_\_  
 BSB No.: 

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 Account No.: 

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## 3. PAYEE AUTHORISATION DETAILS

I, *(print name)* \_\_\_\_\_, request to be refunded the amount of \$ \_\_\_\_\_ for the bond outlined in the information provided on this form. Please make the payment into my nominated bank account the details of which have been provided above.

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

## 4. RECEIPT & BOND DETAILS

Receipt No.: \_\_\_\_\_ Receipt Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Details of Bond:  Room Facility Booking Room/Facility Hired: \_\_\_\_\_ Date of Function: \_\_\_\_\_  
*(please tick )*  Other *(please specify)* \_\_\_\_\_

## 5. PRIVACY INFORMATION

The Gladstone Regional Council is collecting your personal information to process this request. The information will be only accessed by authorised council employees. Some information may be given to the financial institution nominated for the same purpose. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.

## 6. LODGEMENT DETAILS

- IN PERSON** ➤ **Gladstone Office**, 101 Goondoon Street Gladstone  
**Calliope Office**, 5 Don Cameron Drive Calliope  
**Miriam Vale Office**, 36 Roe Street Miriam Vale
- BOYNE TANNUM COMMUNITY CENTRE**, Cnr Wyndham and Hayes Avenues Boyne Island  
**AGNES WATER RURAL TRANSACTION CENTRE**, 71 Springs Road, Agnes Water  
**MOUNT LARCOM RURAL TRANSACTION CENTRE**, Raglan Street Mount Larcom
- POST** ➤ Gladstone Regional Council  
 PO BOX 29  
 GLADSTONE DC QLD 4680
- FAX** ➤ (07) 4975 8500  
**EMAIL** ➤ info@gladstone.qld.gov.au  
**PHONE** ➤ If you have any questions please call (07) 4970 0700

## 7. OFFICE USE ONLY

### RELEASE DETAILS

*To be completed by staff authorising release of funds.*

Details of deductions for loss, damage or other charges to be deducted from bond. 

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**Refund Amount:**

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Please receipt any charges deducted from bond refund to Account No.: 

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Requested by: \_\_\_\_\_ Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_  
 Approved by: \_\_\_\_\_ Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

### PAYMENT REQUEST DETAILS

*To be completed by Finance Staff.*

Creditor No.: \_\_\_\_\_ Details Confirmed:  Yes  No Document Reference: \_\_\_\_\_  
 Cost Code: 

1	0	.	6	0	0	6	.	6	0	1	2	
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 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_