

SOUTHERN YOUTH AND FAMILY SERVICES (ASSOCIATION INC.)



Youth Accommodation and Housing Services Youth Outreach Support Services Youth Out of Home Care Services
 Youth Health Services Youth Employment, Education and Training Services Family Support Services

faxforminvoiceTILA

TILA PAYMENT FORM

Name of Agency:		Contact person:
Postal Address:		
State:	Postcode:	ABN:
Phone:	Fax:	<i>SYFS Usage only – Approved by:</i>
Email:		<i>SYFS Usage only – Prepared by:</i>
Name of Client:		<i>SYFS Usage only – Entered: Batch number:</i>

Please tick one only

OPTION ONE

This agency has purchased the following items on behalf of our client and is seeking reimbursement from TILA. We understand copies of receipts must be forwarded before reimbursement occurs.

OPTION TWO (if selected must be completed)

Please make out cheques to the following suppliers for purchase of items as quoted. We undertake to provide receipts/ tax invoices as proof of purchase within 28 days of purchase.

1. Name of supplier:	ABN
Address:	Postcode
	Phone
Description of goods	\$
<i>Admin usage only- Cheque Number:</i>	<i>Date Paid:</i>
2. Name of supplier:	ABN
Address:	Postcode
	Phone
Description of goods	\$
<i>Admin usage only:</i>	<i>Date Paid:</i>
3. Name of supplier:	ABN
Address:	Postcode
	Phone
Description of goods	\$
<i>Admin usage only:</i>	<i>Date Paid:</i>

(Attach additional form if necessary but please try to limit the amount of suppliers used above ie: 3)

Total Amount Requested: \$ _____

MUST NOT EXCEED \$1,000 or \$1,500 if application was RECEIVED & APPROVED after 1/7/2009

- Quotes attached in client's name.**
- Receipts attached (in client's name where possible)**

Signed _____ Date _____

NB: Please copy this form and attach with any future application.

TILA (Transition to Independent Living Allowance) - **Phone:** 1300 761 961 (National) and 02 4225 7059 (Local) **Fax:** 02 4228 4613 **Email:** tila@syfs.org.au **Web:** www.tila.org.au

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PO Box 23, Wollongong NSW 2520



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