

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
-  **POST** ➤
 - Gladstone Regional Council
 - PO BOX 29
 - GLADSTONE DC QLD 4680
-  **FAX** ➤ (07) 4975 8500
-  **EMAIL** ➤ info@gladstonerc.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: _____