

FORM A – ON CHARGE OF EXPENSE PAYMENT

Body Corporate Details

Body Corporate: _____ CTS: _____

Address: _____

Approved by: _____

Date: _____

Signature

Description of on charge

On charge to – select either

Lot Owner

Other

Name: _____

Postal Address: _____

Lot Number (if applicable): _____

ABN (if applicable): _____

Debtors Account Number: _____

Email: _____

Phone: _____

Split charges across following schemes

Name: _____ CTS: _____ %

Name: _____ CTS: _____ %

Name: _____ CTS: _____ %

On charged expense details

Creditor Tax Invoice must be attached to this on charge sheet and clearly coded as to where the expense is to be allocated in the general ledger.

GOLD COAST

PO BOX 8319
GCMC QLD 9726
T +61 7 5504 2000
F +61 7 5504 2001
ABN 88 069 399 864

MELBOURNE

PO Box 23040
Docklands VIC 8012
T +61 3 9642 0555
F +61 3 9642 3411
ABN 64 114 836 172

BRISBANE

PO Box 5955
West End QLD 4101
T +61 7 3010 5555
F +61 7 3010 5500
ABN 49 078 545 329

SUNSHINE COAST

PO Box 467
Buderim QLD 4556
T +61 7 5453 9550
F +61 7 5445 6310
ABN 25 010 953 054

NORTH QLD

PO Box 1079
Cairns North QLD 4870
T +61 7 4059 1399
F +61 7 4059 1299
ABN 25 010 953 054

NORTHERN NSW

PO Box 1645
Kingscliff NSW 2487
T +61 2 6674 5844
F +61 2 6674 2344
ABN 30 098 060 952