

REFUND OF VENUE HIRING BOND REQUISITION FORM



CITY OF
MITCHAM

Refund Information

Date: _____

Date of Hire: _____

Amount of Bond Paid: _____

Amount to be Refunded: _____

Booking Reference: _____

Funds payable to:
(full name of payer/organisation) _____

Please pay via

EFT (complete below)

Post Cheque (to address above)

Refund by EFT (complete for refund by eftpos only)

Banking Institution Name: _____

Account Name: _____

BSB Number: _____

Account Number: _____

Address
(full address & postcode) _____

For office use only

Debtor No:	Creditor No:
Signed:	Signed:
Date: / /	Date: / /
Authorised by:	Authorised by:

Street Address:
131 Belair Road
Torrens Park SA 5062

Postal Address:
PO Box 21
Mitcham Shopping Centre
Torrens Park SA 5062

Phone: (08) 8372 8888
Fax: (08) 8372 8101
mitcham@mitchamcouncil.sa.gov.au
www.mitichamcouncil.sa.gov.au

MITCHAM