

SA Housing Trust Community Housing Reimbursement Form



This form to be filled in by community housing providers when seeking reimbursement from the SA Housing Authority.

Return to: SA Housing Authority, Industry Partnerships, GPO Box 292, ADELAIDE SA 5001

Name of Community Housing Provider:	<input type="text"/>
Purpose of invoice (i.e. Reimbursement for...):	<input type="text"/>
Address where work was done:	<input type="text"/> <input type="text"/> <input type="text"/>

Invoice Checklist

Invoice is attached

Yes

The invoice attached must have the following details in order to be processed by the SA Housing Authority:

- 'Tax Invoice' as heading
- Community Housing Provider's ABN
- Date of invoice
- Community Housing Provider's name and address (full address, not the PO Box number)
- Balance due, less the Goods and Services Tax (GST) if GST claimed back by provider
- Proof of purchase and payment is attached (including copies of supplier/s receipt/s)
- Terms of payment (e.g. 7 days, 14 days)