THE KOORALBYN INTERNATIONAL SCHOOL

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REQUISITION FOR HOMESTAY PAYMENTS

FORM H1

OFFICE USE ONLY

STUDENT ID ::

CLIENT ID ::

Surname:..... Given Names:.....

Address :..... Provider(s) Signature(s): .....

Date :: / / Account Name: BSB: Account No.:

Name of Bank:

INSTRUCTIONS :: Please complete and sign the form (including bank account details for electronic payment.
Note: Unless otherwise arranged, the deposit reference into your account will be "TKIS".

NAME of STUDENT for whom care was provided this visit	Date/Time of Collection this visit	Date/Time of Return this visit	Number of Days this visit	Number of Meals Provided this visit	Sub Total for this visit @ $9 per meal
					$
					$
					$
					$
					$
					$
					$
					$
					$
TOTAL AMOUNT REQUESTED ::					**$**

Example ::

Miss Julie Chan	3:00pm Fri Aug 2	8:30am Mon Aug 5	2.5	8	$72 (8 meals x $9 ea.)