IPEd.

To advance the profession of editing

Institute of Professional Editors Limited
GPO Box 1464
Canberra ACT 2601
Australia

ABN 74 129 335 217

To the Secretary:

CLAIM FOR REIMBURSEMENT

Details of expenses, including IPEd activity involved	*Name of supplier*	*Date of expenditure*	*Amount ($)*

Total $

PLEASE ATTACH RECEIPT(S) OR SUPPORTING DOCUMENTATION

Name of individual/society to be reimbursed (please print): ……

……

Signature of claimant/authorised officer of society: ……

Address or bank details for payment: ……

…….. Date: ……

SECRETARY'S USE:

Passed for payment …….. Date ……