

REIMBURSEMENT REQUEST FORM

(Please submit requests as soon as possible once you have incurred an expense you think should be refunded to avoid delays)

Property Address:

TENANT DETAILS

If there are multiple tenants on the lease, please nominate one tenant to be the main contact and fill out the below section. Additional tenants must sign the bottom of this form to verify their consent.

Full Name:

Mobile: Home Ph:

Email: Work Ph:

AMOUNT REQUESTED \$ _____

Reason for Reimbursement (please include receipts where applicable) _____

Please specify the bank account where you would like the reimbursement funds to be transferred to:

Account Name: Bank:

Account Number: - - -

AGREEMENT TERMS

By signing this form, the applicant:

- The applicant acknowledges and understands that reimbursement funds if granted will be transferred into the above account via electronic transfer and verifies that the above listed bank account is correct.
- The applicant acknowledges and understands that a valid receipt is required in order for a reimbursement request to be processed and that it is at the discretion of Rented.org.nz to deny the reimbursement request should no receipt to validate the request be supplied.
- Rented.org.nz will accept a tenant balance sheet showing deposit in trust as a valid receipt.

AUTHORISED BY

Tenants:

Date:

OFFICE USE ONLY

Payment has been: AUTHORISED / DECLINED

Payment processed: Applicant Informed Date: