



MSN SCHOLARSHIP CLAIM FORM

Date: ____/____/2020

Name: _____ Signed: _____

Email Address: _____

Bank Details: _____ BSB: _____ Account No. _____

Details of Items Claimed	Price
1.	\$
2.	\$
3.	\$
4.	\$
Total Amount Claimed:	\$

FOR ALL CLAIMS, PLEASE HAVE THE PERSON WHO NOMINATED YOU, OR YOUR SUPPORT PERSON CONFIRM THAT THE CLAIM IS REASONABLE, AND SUITABLE FOR YOUR EDUCATIONAL NEEDS.

NAME	POSITION	SIGNATURE

NOTES – (Please read carefully!):

1. If you have already paid for the goods or services, reimbursement will be paid by EFT to your bank account. **Please attach original receipts, photocopies or scanned records to the claim form.**
2. If you wish MSN to provide you with money before you purchase the goods or services, **please attach a copy of your quote(s) or invoice(s) to this claim form.**
3. In both cases, money will be transferred by Electronic Funds Transfer (EFT) to your bank account.
4. When you have the above information, email scanned forms and receipts to **info@mentorsupportnetwork.com.au** or post the form and copies of receipts to:

The Treasurer, MSN
PO Box 3149
Merewether
NSW 2291