

Victorian Floods October 2022 Workplace Assistance Claim Form

AEU MEMBER KEPI	RESENTATIVE DETAILS
Member Name:	Date:/
Email address:	Workplace:
Sub-branch position	1 (President/Secretary/Treasurer):
BANK DETAILS (tic	k one)
Sub-branch bank ac	count: Member account (no sub-branch account setup):
Name of financial i	nstitution:
Account name:	
BSB:	Account number:
DETAILS OF REQU	EST
I am requesting fur	ding to support and assist (please tick only ONE of these options):
Due to scho	ool or TAFE flooding, to support the workplace and community (\$1,000)
Due to Earl	y Childhood (EC) Centre flooding, to support the workplace and community (\$1,000)
DESCRIPTION OF (CIRCUMSTANCE AND DAMAGE
Please provide a br	ef summary of how the floods have affected your school, TAFE or EC Centre:
I confirm that the a	bove is a true and correct record. I confirm that any funds paid under this application
will be used to sup	port the relevant school, TAFE, EC Centre and/or community. Minutes will be kept by
the sub-branch in r	elation to the use of these funds.
Signed:	Date:
All	claims must be made by 28 February 2023 to <u>accounts@aeuvic.asn.au</u>