

Items for purchase (NO CASH PAYMENTS)

For details on what expenses IBN will cover, please see the IBN 2021-22 Community Programs Handbook, or the IBN website: www.ibngroup.com.au

Description of item	Supplier	Amount
		\$
		\$
		\$
		\$
	TOTAL	\$

Comments

Food and fuel – please tick your preferred payment method

Food voucher

Food card

Fuel voucher

Fuel card

Required Documents (please attach)

Doctor's or dentist's referral

Confirmation of the medical or dental appointment

Copy of private health, ambulance cover or travel insurance

Evidence that PATS or other source was sought and how much was approved

Supplier quotes or invoices including payment details

Where relevant

IBN Dependent Child Advice Form (if required)

IBN Update Personal Details form (if required)

Declaration

I declare that the information I have provided in this form is true and correct. and the benefits are for my own use or for my own child or a dependent child who is legally in my care.

I agree that IBN may share my information with other organisations for application assessment purposes.

Signature

Date

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Need help?

Contact: (08) 9140 0900

Freecall: 1800 014 401

Return this application to:

Email to: applications@ibngroup.com.au

Post: PO Box 2390, South Hedland, WA 6722

Fax: 08 9140 0996

In person: 3 Brand Street, South Hedland

973 Central Road, Tom Price

Unit 3, 4 Welcome Road, Karratha

Office use only

Date received

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 CP#

Received by

IBN Corporation Pty Ltd | ACN 093 140 240