

COMPENSATION FOR RELOCATION EXPENSES AUTHORISATION TO PAY

Document No: HS078.3

TENANT DETAILS

Tenant's Name:

Rehoused from address:

New tenancy address::

Please provide: Bank account details

BSB :

ACCOUNT NUMBER:

Please attach: Proof of tenant's supply of bank details,i.e. email, text, copy of bank statement, etc)

Amount of compensation: \$

PAYMENT RECOMMENDED BY

Housing Manager:

Signature:

Date:

PAYMENT APPROVED BY

Team Leader:

Signature:

Date:

PAYMENT APPROVED DETAILS

Executive Manager:

Signature:

Date:

Once complete please return this form to your Housing Manager or email myevolve@evolvehousing.com.au

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