



GUMALA ABORIGINAL CORPORATION

8.0

FUNERAL TRAVEL ASSISTANCE

Application Form

NAME: _____

ADDRESS: _____

DOB: ____ / ____ / ____

MOBILE: _____

HOME: _____

FAX: _____

EMAIL: _____

Language Group:

Banyjima

Innawonga

Nyiyaparli

DETAILS OF FUNERAL:

Name of Deceased: _____

Date of Funeral: _____

Date you wish to leave: _____

Date you wish to return: _____

Have you attached confirmation of the funeral?

YES

NO

(Confirmation must be received prior to processing the application)

FUNDS REQUESTED:

ITEM	AMOUNT
TOTAL	\$

SUPPLIER DETAILS:

COMPANY NAME	PHONE #	FAX #

Ask supplier their preferred payment method *(for new suppliers only)*

 Bpay Credit Card Direct Deposit Account

Please Note:

Your application will be processed within 7 days once all paperwork has been received, food/fuel

Signature: _____

Date: _____

Forward completed applications to:

Fax: 08 9188 1846

Email: gac@gumala.com.au

Office Use Only

Date received: _____	By: _____
Comments: _____	
Date processed: _____	By: _____
Comments: _____	