

**SCHEDULE 14**

**The Board of Directors of  
The Australian Federation of Totally  
and Permanently Incapacitated  
Ex Service Men and Women Limited**

**APPLICATION FOR PAYMENT**

I, hereby apply to the Federation for payment of the following:

Amount: \$.....

Payee: .....

Reason: .....

Invoice Attached

Expenditure approved: (Federation President or Federation Secretary plus one other Federation Director)

.....  
Federation President

.....  
Federation Secretary

.....  
Federation Director

.....  
CHEQUE NO: .....

.....  
DATE: .....