



SET UP AN EXTERNAL APPROVER FORM

PROPERTY DETAILS	
Plan Number	
Property Address	

EXTERNAL APPROVER DETAILS	
User's Name	
User's Role	
User's Email Address	

APPROVER LIMITS	
Expense Type (Please refer to The Knight's Chart of Accounts)	<input type="checkbox"/> Account Code 337 – Building Manager (if applicable) <input type="checkbox"/> Account Code 525 – OC Management <input type="checkbox"/> Account Code 527 – Scheduled Services <input type="checkbox"/> Account Code 615 – Adhoc Repairs & Maintenance <input type="checkbox"/> Account 645 – Maintenance Plan <input type="checkbox"/> Account Code 646, 654, 676 – Subscriptions & Utilities <input type="checkbox"/> Account Code 750 – Projects & Related <input type="checkbox"/> Other (please specify below)
Other Expense Type	
Expense amount greater than \$	<input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Other (please specify below)
Other Expense amount greater than \$	
Specific Creditor (please list)	

COMPLETED BY

I, _____ as the _____ of _____
(print name) (Position/Role) (Plan Number)

acknowledge and agree as follows:

I am authorised by the Committee of Management/Board of Directors of the above Plan Number to be an external approver. I agree that I will adhere to The Knight's external approver process to ensure creditor payments are made in a timely manner. I acknowledge that The Knight is not liable for any direct, indirect, special, incidental or consequential damages or loss of any kind whatsoever or howsoever caused (whether arising under contract, delict or otherwise and whether the loss was actually foreseen or reasonably foreseeable) arising as a result of the delay of approving invoices for payments to creditors and the information provided.

In the event that I do not approve invoices within 14 days of receiving notification to approve/reject an invoice and have failed to leave a comment and/or approve/reject an invoice, I authorise The Knight to approve invoices awaiting my approval on my behalf (within reason).

Signature _____ Date _____

Return completed form to your Owners Corporation Manager via email or via:
Mail PO Box 678, Malvern Victoria 3144