



Take full advantage

Return by fax to:  
 03 9882 5444  
 Ph. 1300 654 834

## EXPENSE REIMBURSEMENT CLAIM FORM

Name: \_\_\_\_\_

Package Number : 

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Employer: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_      Number of pages including cover sheet: \_\_\_\_\_

**Instructions:**

- Fill out the description of the expense(s) to be reimbursed
- Attach a copy of the receipt(s) and/or Tax Invoice(s) to the Claim Form  
 (\*Include receipt from supplier or credit card "Customer Copy" or credit card statement).

Description of Expense (items <u>with</u> GST)	Amount \$
<ul style="list-style-type: none"> <li>▪ If more than \$50.00 per item requires copy of Tax Invoice (s)</li> </ul>	
Description of Expense (items <u>without</u> GST)	
<b>Total Amount Claimed</b>	<b>\$</b>

**Work Related Expense Declaration**

I, \_\_\_\_\_ declare that the expenses for (please tick as appropriate):

Laptop computer,  
 PDA,  
 Work or income related expense of \_\_\_\_\_

As claimed on this reimbursement have been incurred by me due to a predominantly work related nature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_