

INSTRUCTIONS**Please...**

1. **Complete** Sections A and B.
2. **Attach** (a) original GST receipts for all items claimed, and (b) a bank deposit slip.
3. **Sign** Section C.
4. **Return** completed form and attachments to: K.C Worden, Quality Advancement Unit, University of Otago, PO Box 56, Dunedin 9054, New Zealand.

Note...

- * Claims without receipts cannot be reimbursed.
- * Foreign currency expenses can be claimed if receipts are provided ("GST" receipt not needed).

SECTION A: CONTACT & BANK DETAILS

Name: _____

Review: _____

Address: _____

Reimbursement to be paid into the following account:

Bank name: _____

**Please attach deposit slip
to confirm account details.*

Bank	Branch	Customer number	Suffix
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

SECTION B: EXPENSES BEING CLAIMED

Items Claimed (Include brief description and/or reason for expenditure)	Receipt Date	Amount
Subtotal		\$

Private Car Use for Review -- Destination & Purpose of Trip (will be reimbursed at the University's standard per/km rate unless agreed otherwise)	Trip Date	Km Run
Total Km		

TOTAL REIMBURSEMENT

\$

SECTION C: _____

Date: _____

CLAIMANT SIGNATURE