

FINANCIAL SERVICES DIVISION

## **Reimbursement Claim Form - Staff**

Finance One Document File No.

Attach ORIGINAL Receipts/Paid Invoices to the back of this form. Claims MUST be authorised by HoD/PVC/Delegated Authority in all cases. Staff Member's reimbursement will be paid into the same bank account held for payroll purposes.

## Document File Format : Employee Reimbursement (APEMPR)

Staff Member Member's/Claimant Name: Employee ID Number:

Reason for Expenditure	Items Claimed	Date of	Account Code	Amount (s)	GST
		Receipt			Y/N
					Yes

Claim for use of Private Motor Vehicle on University Business:

Trip Date	Destination and Purpose of Trip (or attach copy of log book)	Km Run
	Total Km	
Account Code	e: Rate per KM	

Account Code: (Dissection: 3371)

TOTAL REIMBURSEMENT CLAIM

\$

NB: No GST claimed on mileage claims) TOTAL

Claimant's Signature		
Approver's (HoD/Delegated Authority Signature):		
Approver's Name:		
Cost Centre Name:	Student Affairs	Date:

On completion, return form with attached receipts to Accounts Office, Financial Services Division