

INSTRUCTIONS*Please...*

1. **Complete** Sections A and B.
2. **Attach original GST receipts for all items claimed.**
3. **Sign** Section C.
4. **Return** completed form and attachments to: The Administrator, 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 paid into account:

Bank Name: _____

IMPORTANT: Proof of bank account number **is required** for this payment to be processed by our Finance Section. It is **essential** that you attach one of the following:

- (a) Pre-printed deposit slip with the creditor name printed on the slip, OR
- (b) Hand written deposit slip with the creditor name and account number written on the slip and the slip verified (signed and stamped) by the bank, OR
- (c) Copy of a bank statement / other bank generated document (this can be a screen shot from internet banking) with the creditor name and account number clearly identified on the document

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"/> <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	\$
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SECTION C: _____

Date: _____

CLAIMANT SIGNATURE