



SUPERVISOR: Claim for Expense Reimbursement

Name:	
Practice	
PD event name/date	
Email	
Signature	

Have bank details changed since last EFT (Tick if yes)

Bank:		Branch:	
BSB:		Account Number:	
Account Name:			

Receipts must be provided with this form to substantiate expenses and all tax/invoices detailing GST if applicable.

Date	Description	Amount	Tax Invoice Attached	Office Use only Account
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
Total Expenses Claimed		\$		

Office Use only

GI Account Code				
Authorised for Payment				
Authorised for Payment				
Amt paid:	\$	Date Paid:		EFT No:

Email to Workshop Co-ordinator in your regional area (Parkville, Warrnambool, Wodonga, or Bendigo) along with supporting documents – see header for email contact details