****

|  |  |
| --- | --- |
| **Name:** |  |
| **Position:** |  |

**Expense/s to be reimbursed**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Supplier** | **Expense Details / Reason** | **$ Amount**  | **Project** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | **Total Amount** | **$** |

 Please attach a tax receipt (not EFTPOS receipt) for the expense you are requesting reimbursement for.

**Mileage Reimbursement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Location: FROM** | **Location: TO** | **Reason for Trip** | **Total km’s** | **$ Amount Due** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  | **Total Mileage Payable** |  | **$** |

Total amount to be paid $\_\_\_\_\_\_\_\_\_\_\_\_\_ to bank account provided.

I confirm that the above expense/s has been paid for by me and that I have the authority to incur this/these on behalf of name of organisation.

I also confirm that I have not previously claimed for these expenses.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approval -** I have reviewed the above claim and approve it for payment.

Name of Person Authorised to Approve: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 **Payment Record**

|  |  |
| --- | --- |
| Date entered for Payment: |  |
| Payment Type: | Circle payment type - Direct Credit / Cheque / other  |
| Payment Reference: |  |
| Date Paid: |  Amount Paid: |
| Payment Processed by: |  |
| Signature: |  |