



Personal Reimbursement Claim Form

**PLEASE ENSURE ALL RELEVANT TAX INVOICES/RECEIPTS ARE ATTACHED.
ALL PAYMENTS WILL BE MADE BY EFT (PAID WITHIN FIVE (5) WORKING DAYS)
UNLESS UNDER \$20 (PETTY CASH PAID WITHIN TWO (2) WORKING DAYS)**

AMOUNT CLAIMED:	
DATE OF PURCHASE:	
DETAILS OF GOODS OR SERVICES THAT HAVE BEEN PURCHASED:	
BANK ACCOUNT DETAILS	Payroll account YES / NO OR Account Name: _____ BSB Number: _____ Account Number: _____
THIS AMOUNT IS TO BE DEDUCTED FROM	Curriculum/Other Budget: _____ Account Code: _____
NAME of person claiming reimbursement	Date of Claim:
SIGNATURE of person claiming reimbursement	
AUTHORISED SIGNATURE of MANAGER or PRINCIPAL	Name: _____ Position: _____ Signature: _____

OFFICE USE ONLY

PETTY CASH GIVEN BY:	DATE ISSUED:
EFT BATCH NUMBER:	DATE ISSUED:
AUTHORISED:	AUTHORISED: