

Staff Expense Claim Form

Entered date: _____
(Office use only)

Employee ID: _____
(From your payslip)

Dr/Mr/Ms/Mrs/Miss Surname: _____
Given names: _____

Position: _____ Dept: _____ Division: _____

Reason for claim: _____
(Circle one)
Course / Conference / Other _____
(Please specify)

Invoice / receipt date	Expense item details / mileage claimed	Expense code <i>(See back page)</i>	GST Y / N <i>(Office use only)</i>	Total \$
Example: 1234 01/08/99	Catering Expenses	CE	Y	\$10.00
Total				

Employee signature: _____ Date: _____
dd/mm/yy

Approval signature: _____ Date: _____
dd/mm/yy

Approval name: _____

Note: Forward to Payroll Services for processing. Payment will be paid with your next salary payment following receipt of this claim. This form is to be used for claiming expenses relating to approved courses and conferences, and business related expenses. You must submit a copy of your numbered conference leave form when making a claim. Appropriate receipts or invoices must be attached to all claims.