



# Claim Form

## Instructions

- Please complete this form, filling out all the required fields. Incomplete claims may be returned for correction.
- Attach supporting documents (Tax Invoices must be supplied otherwise GST component will not be refunded)
- Either
  - Post to: AUC c/o Jon Manning, GPO Box 343, HOBART, TAS 7001 or
  - Scan and email to: [admin@auc.edu.au](mailto:admin@auc.edu.au) as a single PDF file (including attachments), subject 'AUC Claim'
- Payment may take up to 3 weeks. We will contact you if we require further information.
- We will accept Tax Invoices for claims from members, but they must be accompanied by this form.

Claimant's Details	Details of Claim
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Name: _____	Event: _____
Email: _____	Attendee(s): _____
Phone: _____	Membership Status (tick one) <input type="checkbox"/> Non-member <input type="checkbox"/> Individual member <input type="checkbox"/> Institutional member employee(s)
	Institution: _____

Date	Expense Details	Amount ex-GST	GST	Total inc GST
<i>eg., 12/3/13</i>	<i>Virgin Australia - return economy airfare Brisbane-Sydney</i>	<i>300</i>	<i>30</i>	<i>330</i>
<b>TOTALS</b>				

## Payment Method

**Tick your preferred payment method, and fill in the associated details on the right. Direct deposit is only available in Australia.**

<input type="checkbox"/> Cheque	<input type="checkbox"/> PayPal	<input type="checkbox"/> Direct Deposit	<b>Payment Method Details</b>
Payee: _____	Email address: _____ <small>(one associated with your PayPal account)</small>	Bank: _____	▶▶▶▶
Address 1: _____	Address 2: _____	BSB: _____	▶▶▶▶
Address 3: _____	A/C No.: _____	A/C Name: _____	▶▶▶▶

## Declaration

I seek reimbursement for the above expenses incurred as part of an authorised AUC event or activity. I have attached copies of all relevant documents relating to this claim and declare that all expenses incurred were of a reasonable nature and consistent with the Claims Policy as stated on the AUC web site ([auc.edu.au/claims](http://auc.edu.au/claims)).

Signed \_\_\_\_\_  
Date \_\_\_\_\_

Office Use Only					
Date Rcvd	Checked	Chair	Treasurer	Date Paid	Chq/Pmt ID