|  |  |
| --- | --- |
| ACIPC_Logo_Colour_RGB_Hi_Res.jpg | GPO Box 3254Brisbane Qld 4001**T** 07 3211 4695**F** 3211 4900**E** admin@acipc.org.au |

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| --- |
| **EXPENSE CLAIM FORM** |
| Name: |  |
| Address: |  |
| Bank Details: | Bank Name: |  |
|  | BSB: |  | Account No: |  |
|  |
| **EXPENSE DETAILS** |
| **No** | **Details** | **$ Amount(Inc GST)** |
| 1 |  | $ |
| 2 |  | $ |
| 3 |  | $ |
| 4 |  | $ |
| 5 |  | $ |
| 6 |  | $ |
| **Purpose** |  |  |
|  | **TOTAL** | $ |

|  |
| --- |
| **DECLARATION** |
| *I declare that the above expenditure was incurred by me on behalf of ACIPC. I acknowledge reimbursement of expenses claimed may not be made should the necessary supporting documentation not be attached to this form.* |
| Signature: |  | Date: |  |
|  |  |
| **AUTHORISED BY** |
|  |  |  |  |  |
| *Print Name* |  | Date: |  | Signature |
| **ACIPC USE ONLY** |
| *Cheque/Payment Reference:* |  | *Date:* |  |
| *Please attach receipts and/or invoices for all expenses claimed including GST and forward to* *admin@acipc.org.au* *or mail to ACIPC GPO Box 3254 Brisbane Qld 4001* |
| ***Australasian College for Infection Prevention and Control Ltd*ABN 61 154 341 036** |