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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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*](mailto: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** | | | | | | | | |