**Expense Reimbursement Request**

|  |  |
| --- | --- |
| **Name:** |  |
| **Position:** |  |
| **Reason for Expense:** |  |

**Actual Expense**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Expense Details** | **$ Amount**  | **Includes GST****(Yes/No)** | **Account Type**(for office use only) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Total Amount | **$** |

 Please attach a GST (not EFTPOS) receipt for the expense you are requesting reimbursement for.

**Mileage Reimbursement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **From** | **To** | **Total km’s** | **@ \_\_\_\_\_\_ per km** | **$ Amount Due** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Totals |  |  |  |

I confirm that the above expense has been paid for by me and that I have the authority to incur this on behalf of insert your organisations name here.

I also confirm that I have not previously claimed for these expenses - Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_

**Approval -** I have reviewed the above claim and approve it for payment.

Name of Authorised Approver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

 **Payment Record**

|  |  |
| --- | --- |
| Date entered for Payment: |  |
| Fixed Asset Added: |  |
| Inventory Updated: |  |
| Payment Type: | Circle payment type - Direct debit / other  |
| Payment Reference: |  |
| Signatory. 1: |  Signatory. 2:  |
| Date Paid: |  Amount Paid: |
| Payment Processed by: |  |
| Signature: |  |