(For guidance in claiming exper an		requirements refer to MH I Staff Expense Reimbursen		MH08.01 & MH09.0	8.14
			AP Use Only	V/N	
Name: (As per payroll record)			Job Title		
Employee Number:(Mandatory)		Department			
Campus/Cost Centre: i.e MRM/R1870	WSH-P0613		Location		
Telephone number:			Email Address		
PAYMENT VIA EFT	I attach my bank details as they have not been previously provided or my bank details have changed				
Melbourne Health	Tick applicable Entity		Western Health		
Travel Expenses:			Account	Amount	GST Y/N
International/Domestic Trip - 6 nigh	nts or less				
Accommodation, Airfares & Other			35871	N/A	
International/Domestic Trip- greate	er than 6 nights	Nee	d to complete Tr	avel Diary	
Accommodation, Airfares & Other			35876	N/A	
Travel Allowance/Per diem Destination	Date	Number of days claime	ed Rate per Day	Allowance claimed	
Desinidion	Duie	Normber of ddys cidime			N
Seminar and Education Expense		_	36560		1
Training & Development.(Incl Courses/Seminars & conferences)				\$	
Course materials			35402		
Meal and Entertainment Expens	ses:				
Light meals and Working Related Lunches - Staff			36109	N/A	
Staff entertainment			36116	N/A	
Non-staff entertainment			36117	N/A	
General Expenses					
Motor Vehicle expenses - hospital provided vehicle				N/A	
Mobile phones - Reimbursements				N/A	
Subscriptions - professional associations				N/A	
Printing & Stationery			35636	N/A	
Car Parking - off-site			36129	N/A	
Taxi fares			35695	N/A	
Admin Expense - General			36106	N/A	
Other - Provide details of exper	nse including acco	ount code			
COURSE CANCELLATION REFUND			35802		
NAME/DATE OF COURSE:					
		TOTAL CLAIME	D (AUD)	\$	
Employee Signature			Date:		
Approved by (Must print name)			Date:		
					-
Approver Signature	<u> </u>				

**Print on separate page						
Bank Account Details						
Employee Number:						
Bank Name:		(Example: CBA	A)			
Branch Name:		(Branch/Suburb where account was opened				
BSB Number:		(Branch No. Must have 6 digits)				
Account Number:		(Max 9 digits) - number from bank statement				
Account Name:						
Expense Payment Declaration						
Please read and sign the declaration	on below					
I/ we	ve declare that the following expenses of					
(name of employee/	Complete group Expense claim form if 5 or more)					
(Show nature of expense)						
In the amount of \$	was incurred for Melbourne Health/Western Health during the period					
For the following purposes:						
Continuing Professional Development						
· · · · · · · · · · · · · · · · · · ·	of those expenses incurred in earning my/our of					
As a MH/WH staff member claiming travel expenses, I have complied with the organisation's Travel Policy						
Signature: Date:						
	Checklist					
>> I have attached original Tax Invoices, receipts and proof of payment to support my claim.		y claim.	✓			
>> If claiming travel costs I have attached a full flight itinerary.			N/A			
>> Prospective claims are accompanied by a signed copy of a Conference Leave Form			N/A			
Send your completed claim form (duly approved) with accompaning receipts etc to Accounts Payable via:-						
For Western Health staff Email: WHS - AP Invoices (APInvoices@wh.org.au)						
GST CODES	Y = Invoice includes 10% GST					
	N = No GST applies on the goods or services p	provided.				
Any feedback regarding this form? Please contact joe.barbaro@mh.org.au						
Staff Expense Reimbursement Claim Form - Rev Au	Staff Expense Reimbursement Claim Form - Rev August 2017					