

**STAFF REIMBURSEMENT FORM**

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Date Month Year

**Staff ID Number:**

Old HR Employee Code

New Aurion Employee No

Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reimbursement details:** (Please state timing and nature of business related activity)

**Please attach supporting tax invoices/receipts/documents (ie. Approved ITAF for International Travel Claims)**

**Please supply bank account details:**

**BSB Bank Account Number**

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Please ensure account strings provided are valid and correct

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| **Entity** | |  | **Project Code** | | | | | |  | **SoF** | | |  | **Natural Account** | | | | |  | **Amount $** | | | | | | | |
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| **Total Amount $** | | | | | | | | | | | | | | | | | | | |  |  |  |  |  | **.** |  |  |

**Date: \_\_\_\_/ \_\_ \_/\_\_\_\_**

**Name/s of Signatory:**

*(As per Financial & Budget Delegations)*

**Authorising Signature/s:**

**Member of Executive Signature/s:**

**(if applicable)**

**Date: \_/ /**

**Requisitoned by: Date: / /**

Please send the completed form to Accounts Payable ([accountspayable@acu.edu.au](mailto:%3caccountspayable@acu.edu.au) ) for processing.

Please note form with any incorrect information or insufficient supporting documents may result in payment being delayed.