



Australian
National
University

EXPENSE REIMBURSEMENT FORM

Send completed form to invoice.workflow@anu.edu.au
Finance & Business Services, Bldg 10c
Enquiries: (02) 6125 4777

Part A: PERSONAL PARTICULARS

| | | | | | |
|------------------------|---|------------|--|---------------------------|--|
| Family Name | | First Name | | Vendor / Uni ID | |
| Business Unit | | Phone | | Related Travel Request ID | |
| Non-ANU address | | | | | |
| Pay group (select one) | <input checked="" type="radio"/> Staff <input type="radio"/> Student <input type="radio"/> Person of Interest / Visitor / Other | | | | |

Part B: EXPENSES - Invoices (Tax or overseas) MUST be attached to verify ALL claims

| Receipt # | Charge Code | Description of Item Purchased | Total AUD incl GST | FBT Applies |
|------------------|-------------|-------------------------------|--------------------|--------------------------|
| | | 321321 | | <input type="checkbox"/> |
| | | | 321321 | <input type="checkbox"/> |
| | | 3213 | 321 | <input type="checkbox"/> |
| | | 21312 | | <input type="checkbox"/> |
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| | | | | <input type="checkbox"/> |
| TOTAL AMOUNT AUD | | | \$ 0.00 | |

Former Students & Visitors: MUST provide your current bank account information below. Current Staff & Students should log onto HORUS / ISIS to update their account details.

Part C: BANK DETAILS

| | | | |
|--------------|------------------------|----------------|-----------|
| BSB | ewqewqe321321ewqewqewq | Account Number | 321321321 |
| Name of Bank | ewqe2131 | Account Name | |

Additional information required for foreign bank accounts

| | |
|---------------------|--|
| Bank Street Address | |
| SWIFT/BIC CODE | |
| IBAN | |

Part D: DECLARATION

I acknowledge I have read the instructions relating to reimbursements and that the above costs were incurred by me in accordance with ANU Policies and I have attached relevant supporting documents

| | | | |
|-----------|--|------|--|
| Signature | | Date | |
|-----------|--|------|--|

Part E: DELEGATE APPROVAL (It is the responsibility of the Delegate to ensure they have Financial Delegation ID 220 and the appropriate limit.)

| | | | | | |
|------------------|--|--------|--|-----------|--|
| Name of Delegate | | Uni ID | | Job Title | |
| Signature | | Date | | | |