Version v.23rd July 2008				
EXPENSE REIMBURSEMENT FORM		EMPLOYEE	NO 🔻	
PURPOSE OF THIS FORM: This form is for the use of NICTA staff and non staff who have purchased items for NICTA using personal funds and wish to claim relimbursement.				
SECTION 1 - ITEMS FOR WHICH REIMBURSEMENT IS REQUESTED				
DATE DESCRIPTION	COST CENTRE VALID COMBINATIONS	GL ACCOUNT CODE	(All amounts to be sp	pecified in Australian dollars)
	▼	▼	\$ - 9	\$ - \$ -
	▼		\$ - 5	\$ - \$ -
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	▼		\$ - 9	\$ - \$ -
	▼		\$ - 9	\$ - \$ -
* Please overwrite GST amount if the calculated amount does not agree with		\$ -	\$ -   \$ -	
SECTION 2 - BANK DETAILS				
Only to be completed if you have not received a reimbursement before.				
Bank Name:				
Part I			] 1	
Bank Account				
Name: (Please Print)				
SECTION 3 - PERSONAL CERTIFICATION				
I certify that the expenses detailed above were made on behalf of NICTA.			ı <b>-</b>	
Name:			Date:	
(Please Print)				
SECTION 4 - MANAGER'S AUTHORISATION				
I authorise for this reimbursement to be made.				
Name:			Date:	
(Please Print)			ı L	