

AUC Claim Form



Instructions:

- 1 - Complete this form filling out **all** the required fields, incomplete claims will be returned for correction.
- 2 - Attach supporting documents (*Tax Invoices **must** be supplied otherwise GST component will not be refunded*)
- 3 - Post to: Mr Andrew Jeffrey, Apple University Consortium, PO Box U194, Wollongong Uni, NSW 2500 or
Fax to: (02) 4221 4614 (*please make sure your fax is set to 'fine' or 'high' resolution*) OR
Email to: <ajeffrey@auc.edu.au> as a single PDF file (including attachments), subject 'AUC Claim'
- 4 - Payment will be made within approx 2-3 weeks. We will contact you if we require further information.

Claim Type

- Meeting Attendance Training Programs Developer Programs
 Scholarship - Staff Scholarship - Student AUC/AUDF Allowance
 Other (please state) _____

Name of Event & Person Attending:

(eg. Mac OS X Admin Basics Training - Brisbane - Fred Smith)

Claimant's Contact Details (please print)

Name: _____ Phone: _____

Email: _____ Fax: _____

- Cheque Payment Details** (please print) **←→** **Direct Deposit (EFT) Details** (please print)
 Payee: _____ **Choose** Bank: _____
 Address: _____ **one** BSB: _____
 Suburb: _____ **payment** Account Number: _____
 State: _____ Post Code: _____ **option** Account Name: _____

Claim Details

University Tax Invoice Attached

Please check the above details as supplying incorrect EFT information will result in your claim being reduced by a \$25 re-processing fee.

Date	Organisation & Reason for Expense	Amount ex-GST	Amount GST	Total inc-GST
12/3/03 - Example	Virgin Blue - Return economy airfare Brisbane to Sydney	200.00	20.00	220.00
<i>If not stated on the Tax Invoice, GST is calculated by taking 1/11th of the total amount inclusive of GST. Overseas amounts do NOT attract GST. Please complete all columns and totals.</i>				
TOTALS				

I seek reimbursement for the above expenses incurred on my or my University's behalf as part of an authorised AUC event or activity. I have attached copies of all relevant documents relating to this claim and declare that all expenses incurred were of a reasonable nature and consistent with the AUC Claims Policy as stated on the AUC web site.

<<http://www.auc.edu.au/Claims>>

Signed: _____

Date: _____

AUC Use Only

- Date Received _____ Documents Checked _____ Cheque #: _____ DD #: _____
 Followup Required _____ Date _____ AUC Chair _____ Date _____
 OK to Pay _____ MYOB Updated _____ Second Sig _____ Date _____
 Payment made _____ Date _____