Email the completed form and supporting documentation to [invoices@flinders.edu.au](mailto:invoices@flinders.edu.au), as a single attachment in PDF format.   
Payments are usually processed within 3 weeks.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **STUDENT DETAILS** | | | | | | | | | | |
| Name: |  | Student number: | |  |  |  |  |  |  |  |
| Email: |  | | Phone: |  | | | | | | |
| Street address: |  | | | | | | | | | |
| College: |  | | School: |  | | | | | | |
| 1. **CLAIM DETAILS** | | | | | | | | | | |

Project codes can be obtained from your supervisor (or the staff member who authorised the expense).

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| **Reason for expense:** |  | | | | |
| **Expense type and description\***  (*Group similar items into one row)* | | **Receipt amount**  **AUD\*\*** | **Project name** | | **Project**  **code** |
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| **Total** | |  |  |

\*To calculate mileage, use the [ATO guidelines](https://www.ato.gov.au/Business/Income-and-deductions-for-business/Business-travel-expenses/Motor-vehicle-expenses/Calculating-your-deduction/Cents-per-kilometre/) and attach copy of log book as evidence.  
\*\*To convert foreign currency, use[www.xe.com](http://www.xe.com) for conversion rates on the date of purchase.

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| 1. **FINANCIAL INSTITUTION DETAILS** | | | |  | |
| |  |  | | --- | --- | | Australian accounts only (for payment to an international bank account, attach an [International Bank Account Details](http://staff.flinders.edu.au/content/dam/staff/finance/overseas-payment-form.docx) form) | | | Institution name: | Name of account holder: | | BSB: | Account number: | | | | | |
| 1. **DECLARATION** | | | | |
| **I certify that** the above expenditure details are correct and I have attached scanned supporting documentation.  This is the only claim I have made, or will make for these expenses.  I confirm that I have read and understood the Flinders University [Privacy Policy](https://www.flinders.edu.au/content/dam/documents/staff/policies/facilities-info-management/privacy-policy.pdf), and consent to the collection, processing, and disclosure of my personal information in accordance with that policy. | | | | |
| Student signature: |  | Date: |  | | |
| 1. **ENDORSEMENT BY STAFF MEMBER** | | | | |

These expenses were incurred for University business purposes and comply with applicable grant conditions.   
I have checked the supporting documentation.

|  |  |  |  |
| --- | --- | --- | --- |
| Staff member: |  | | |
| Signature: |  | Date: |  |