Email the completed form and supporting documentation to 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**
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| 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**
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| **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**
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These expenses were incurred for University business purposes and comply with applicable grant conditions.
I have checked the supporting documentation.

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