REIMBURSEMENT CLAIM FORM

(Supporting documentation must be attached)

1. YOUR DETAILS

Full Name:	
Telephone:	Email:

2. METHOD OF PAYMENT (select A or B)

A. EFT ☐

Same details as previously used? YES ☐ (please go to 3.)

NO ☐ (please complete the following details)

Account Name:																	
Bank & address (if known):																	
BSB (6 digits)							Account no.										

B. CHEQUE ☐

Same details as previously used? YES ☐ (please go to 3.)

NO ☐ (please complete the following details)

Payee *(if different to name above):*	
Address:	
City/Town:	Post Code:

3. REIMBURSEMENT DETAILS (for travel in own vehicle please use 'Travel Claim Form')

Date	Purpose and details of purchase	Amount*
* Supporting documentation must be attached	TOTAL	$

4. CLAIMANT SIGNATURE

I, being the person whose name and signature appears on this document or the person having an account paid on his/her behalf, certify that 100% of the above claim is for getGP purposes, and that the claim has not been claimed elsewhere.

Signature: **Date:**

5. OFFICE USE ONLY

I, as the authorising officer have checked the contents of this claim and believe it to be in line with getGP policy, authorise the payment to proceed.

Signature: