



# Expenses Claim Form

REIMBURSEMENT FOR APPROVED EXPENSES

**This form is to be used:** for claiming work related expenses after they have been paid by staff. These will only be reimbursed where expenses have been approved by admin staff prior to commencement of service. There is a \$30.00 per day limit on expenses claimed. Claims will not be paid unless receipts are attached. Please deliver printed form to Head Office, with receipts attached.

Staff Name:

Email address:

Phone number:

Date of this application:

Date	Details of expense	Approved Prior	Amount \$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Please ensure ALL relevant receipts are attached		<b>TOTAL CLAIM</b>	\$

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

ADDITIONAL COMMENTS/EXPLANATIONS



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