|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **Payroll ID:** |  |
| **Given Name:** |  |
| **Business Unit/Location:** |  |
| **Details of Claim** | CPL Free Flu Vaccine Campaign – Reimbursement for vaccine cost |
|  |
|  |
| **EFT Payments Only** | Bank |  |
| Account Name |  |
| BSB |  |
| Account Number |  |
| **Please ensure bank account details are provided to avoid delays; accounts payable is not able to access your payroll bank account details** |
| **Employee email address**(for remittance) |  |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | GL Stringxxxx-xxxxx-xxxx-xx | Description | Excl GST | GST | Total Inc GST |
|  | 3503-10030-1204-10 |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Total Re-imbursement: | **$** | **$** | **$** |

 |
| I certify that the above expenses were incurred by me while on official CPL business on the date/s shown, and that no expenses claimed as reimbursable relate to personal or unallowable expenses. I also certify that I did not receive reimbursement from any other source(s) for the expenses claimed. In the event of an overpayment, or if a payment is received from another source for any portion of the expenses claimed, I assume responsibility for repaying CPL in full for those expenses. Tax Invoices/Receipts or a Statutory Declaration have been attached for all expenses claimed. |
| **Employee (Claimant):** | **Name:**  |  |
| **Signature:** |  |
| **Manager/Budget Holder** | **Name:** | **Robert Irvin** |
| **Signature:** |  | **Date:** | Click or tap to enter a date. |

***Please ensure all relevant sections are completed and Tax Invoice/Invoices attached and email to:*** ***whs@cpl.org.au***