|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 String  xxxx-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***](mailto:whs@cpl.org.au)