



Claims for reimbursement must be submitted no later than 60 days following the purchase.

This form is to be completed for all claims of reimbursement from Charles Sturt University by persons other than staff members. NOTE: All claims for reimbursement for Charles Sturt University permanent staff and contract staff need to be processed via ProMaster. ***This form is not required for the staff reimbursements.*** All information must be filled out completely and correctly. Any missing or incorrect information will result in a delay in the payment of the reimbursement.

**Part 1. TYPE OF CLAIMANT**

Charles Sturt University Student (go to Part 2) Other  Please specify \_\_\_\_\_ (go to Part 3)

**Part 2. STUDENT ID**

Charles Sturt University Student Number

**Part 3. CLAIMANT'S PERSONAL INFORMATION**

Surname/Family Name Given Names

Address for Correspondence

Contact Phone Number E-mail Address

Charles Sturt University will make reimbursement directly to your bank account and to do so need your account details and your e-mail address.

Bank Name

BSB Number Account Number

\*Australian bank accounts only – International bank details need to be provided on the [International EFT Form](#)

**Part 4. DESCRIPTION OF PURCHASES**

Date	Vendor Name (purchased from)	What was Purchased	Amount

If more lines are required, please write details on back of form Total Reimbursement Claimed \$

**Part 5. PURPOSE OF THE EXPENDITURE (Describe why the purchase was made and how it relates to Charles Sturt University)**

**Part 6. DECLARATION**

I affirm that I have incurred the above costs in relation to the purpose indicated above. All claimed expenses are supported by receipts/invoices/documentation attached. I have not and will not seek a claim for these expenses from any other source. The information I have provided it true and correct.

Claimant's Signature Date