

<Add your logo here>

Request for remuneration and reimbursement

To <Organisation details>	From <Name of partner> <Address> <Phone> <Email>
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Meeting/activity: Date:	Receipt attached (please tick)	Cost								
Hours attended: _____ @ <\$XX> per hour										
Approved Preparation time (hrs) _____ @ <\$XX> per hour										
Travel in own vehicle reimbursement @ <\$XX> per km Travel from _____ to _____ = _____ kms from _____ to _____ = _____ kms Total kms = _____ kms										
Parking Cost										
Child Care Cost (formal or informal)										
Meal Allowance (other than airline meals or meals provided) <i>Note that these are usually paid in advance, please check if you have already been paid before claiming</i>										
<table border="1"> <thead> <tr> <th>Breakfast</th> <th>Lunch</th> <th>Dinner</th> <th>Incidentals</th> </tr> </thead> <tbody> <tr> <td><\$XX></td> <td><\$XX></td> <td><\$XX></td> <td><\$XX></td> </tr> </tbody> </table>	Breakfast	Lunch	Dinner	Incidentals	<\$XX>	<\$XX>	<\$XX>	<\$XX>		
Breakfast	Lunch	Dinner	Incidentals							
<\$XX>	<\$XX>	<\$XX>	<\$XX>							
Other (e.g. public transport) Please specify:										
<i>No GST is collected in this invoice</i>	TOTAL									

Payment options (Please tick one)
<input type="checkbox"/> Electronic Funds Transfer Direct Credit Please transfer funds to the following account: Account Name: _____ BSB: _____ Account No: _____
<input type="checkbox"/> Voucher Payment <(or alternate payment method)>
Signature

For Office Use Only		
Approved by Manager	Budget line	Payment Date
Date Received	Processed by	