



# Expense Reimbursement Form

Please complete this form and email the completed form and invoices/receipts to [uni-solicitor@deakin.edu.au](mailto:uni-solicitor@deakin.edu.au).

Requestor Details	
Full Name:	
Organisation:	
Date:	

Description of Expense Items		
Item No.	Description	Amount (including GST)
1.	<i>[insert a detailed description of invoices/receipts and reason for seeking reimbursement. Add extra lines if required]</i>	\$
2.		\$
3.		\$
<b>Total:</b>		\$ <i>[insert total amount]</i>

Bank Account Details (Payments will be made by EFT)	
Account Name:	<i>[insert your EFT Payment details]</i>
BSB:	
Account Number:	

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**SOUL Treasurer Use Only**

<b>Expense Claim Approved By:</b>	
<b>Date:</b>	
<b>Payment Made By:</b>	
<b>Date:</b>	