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|  | Car Park Claim Form  |

r2574 Rebranded July 2014

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| REIMBURSEMENT DETAILS |
| Employee Number / BIC Number (if applicable):  |
| Surname: |       | Given name/s: |       |
| Address: |       | Suburb: |       |
| Post Code: |       | State: |       | Phone Number: |       |
| Email: |       |
| BSB: |       | Account Number: |       |
| Account Name: |       | Amount to claim:(receipt must be attached) |       |
| Please provide details of meeting and/or work performed:  |
|       |
| Date of parking: |    /    /      | Duration of parking: [ ]  0 to 4 hours [ ]  Greater than 4 hours |
| Did you drive from your normal workplace? (e.g. School) | [ ]  Yes [ ]  No |
| Did you return to your normal workplace? (e.g. School) | [ ]  Yes [ ]  No |

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| DECLARATION OF CLAIMANT |
| I certify that the amount claimed above is due and payable to me as indicated: |
| Name:  |       | Signature: | Date:    /    /      |

If you have any questions regarding this form please contact the **Finance Unit** on **07 3864 0205**.

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| EXPENDITURE APPROVAL |
| I certify that the above claim is properly due and payable and approve the relevant expenditure in accordance with QSA financial delegations.  |
| Name:  |       | Cost Centre:       | Natural Account: 520207 |
| Position:  |       | Signature:  | Date:    /    /      |
| FINANCE USE ONLY: | Checked by:       | Date:    /    /      |