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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:    /    / |