



Date submitted:

AUSTRALIAN UNIVERSITIES QUALITY AGENCY LIMITED
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Melbourne, Victoria, 3000 Facsimile: +61 3 9639 7377
Australia www.auqa.edu.au

AUDITOR'S EXPENSES CLAIM FORM

EFT or Cheque to be made to:				Bank Details for EFT
Name of Auditor:			BSB No.	
Postal Address:			Account No.	
Project Title/ Audit:			Account Name	
AUQA Staff member responsible:			SWIFT code (must provide for non-Australian account)	

SECTION 1 : AIRFARE & ACCOMMODATION

Date	Descriptions (Airfare & Accommodation Only)	Amount ex GST	GST	TOTAL	Project Code	Account Code

SECTION 2 : OTHER EXPENSES

Date	Descriptions (eg. Meals, drinks, taxi, etc.)	Amount ex GST	GST	TOTAL	Project Code	Account Code

TOTAL CLAIM AMOUNT

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*I declare the above information is true and correct;
and the above expenses are of 100% business nature.
Signature of the Auditor/ Applicant:*

Note 1: Please attach all receipts/invoices

Note 2: Please refer to AUQA Audit Manual and Travel Policy for claimable items

Note 3: Reimbursement rate for private car use is 70c per km subject to ED approval

AUQA use only

Checked & Approved by Event Mgr/ AD:

Payment Approved by ED: