

****Print on separate page**

Bank Account Details

Employee Number:

Bank Name:

(Example: CBA)

Branch Name:

(Branch/Suburb where account was opened)

BSB Number:

(Branch No. Must have 6 digits)

Account Number:

(Max 9 digits) - number from bank statement

Account Name:

Expense Payment Declaration

Please read and sign the declaration below

I/ we _____ declare that the following expenses of

(name of employee/ Complete group Expense claim form if 5 or more)

(Show nature of expense)

In the amount of \$ _____ was incurred for Melbourne Health/Western Health during the period

For the following purposes:

Continuing Professional Development

I/we also declare that the percentage of those expenses incurred in earning my/our assessable income was _____ %

As a MH/WH staff member claiming travel expenses, I have complied with the organisation's Travel Policy

Signature:

Date:

Checklist

>> I have attached original Tax Invoices, receipts and proof of payment to support my claim.

✓

>> If claiming travel costs I have attached a full flight itinerary.

N/A

>> Prospective claims are accompanied by a signed copy of a Conference Leave Form

N/A

Send your completed claim form (duly approved) with accompanying receipts etc to Accounts Payable via:-

For Western Health staff

Email : **WHS - AP Invoices (APInvoices@wh.org.au)**

GST CODES

Y = Invoice includes 10% GST

N = No GST applies on the goods or services provided.

Any feedback regarding this form? Please contact joe.barbaro@mh.org.au