St Vincent de Paul Society
CANBERRA/GOULBURN
good works

PO Box 51
Deakin West ACT 2600
Telephone: (02) 6234 7494
Email: finance.cg@vinnies.org.au

EXPENSE REIMBURSEMENT FORM

Part A: Personal Details

Family Name		First Name	
Position		Email Address	

Part B: Purpose of Expense

Part C: Expenses-Invoices or Receipts MUST be attached to verify ALL claims

Receipt #	Cost Centre	Natural Account	Description of Expense	Total AUD incl GST
			TOTAL AMOUNT AUD	$

Mileage Expense – Volunteers and Conference Members Only

Kilometres		Details of Trip	
Rate per KM		Total AUD	$

Part D: Bank Details

BSB		Account Number	
Name of Bank		Account Name	

Part E: Declaration

I acknowledge that the above costs were incurred by me in accordance with SVDP Canberra/Goulburn Policies and I have attached relevant supporting documents

Signature		Date	

Part F: Delegate Approval

(It is the responsibility of the Delegate to ensure they have Financial Delegation and the appropriate limit.)

Name		Job Title	
Signature		Date	

PRIVACY STATEMENT

The St Vincent de Paul Society Canberra/Goulburn collects the information you provide on this form for the primary purpose of facilitating our Financial Management. We may share your personal information with third parties who provide us with professional or technology services, including some that are based overseas. Your personal information will be managed in accordance with SVDP Canberra/Goulburn Privacy Policy. Visit www.vinnies.org.au/page/Publications/ACT/Policies/ for details.