

# EXPENSE REIMBURSEMENT FORM

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_ Manager Name: \_\_\_\_\_

Purpose of Expense: \_\_\_\_\_

## Expense Details:

Date	Description	Category	Amount (AUD)	GST Includable

Total Amount Claimed (AUD): \_\_\_\_\_

## Certification:

I certify that the above expenses were incurred by me for legitimate business purposes in accordance with Company policy and are truthful and accurate to the best of my knowledge. I understand that any false claims may lead to disciplinary action according to applicable law.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

This Expense Reimbursement Form and the associated claims are subject to the laws of Australia. Submission of this form constitutes agreement to comply with all applicable taxation and employment laws. The Company reserves the right to verify all expenses and request supporting documentation. Any fraudulent claims will be subject to disciplinary measures and legal actions as allowed by law.

**Employee Signature**

**Manager Signature**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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