



Tasmania University Union Inc.
Sydney ULANZ Library Scheme
Student Membership Reimbursement

Claimant Details

Name: _____
ID No: _____
Email: _____
Phone: _____

Expense Details

Date of purchase: _____
Amount: \$ _____ (GST inclusive)
Receipt attached: Yes

Please note that this claim will only be paid if an ORIGINAL RECEIPT is attached

Payment Details

BSB: _____
Account No: _____
Account in name of: _____

Claimant Signature: _____ Date: _____

Sydney Office Use Only

ID Confirmed: Yes <input type="checkbox"/>	(Please confirm before sending onto Hobart Office)
Authorised by: _____	Date: _____

Hobart Office Use Only

<u>Reimbursement Details</u>	<u>MYOB Entry</u>
Amount: \$ _____	
Date Paid: _____	
By: _____	

Please send completed form with original receipt to TUU, PO Box 5055, UTAS LPO, Sandy Bay TAS 7005