

Name of Claimant	Faculty / School / Department	Business Unit

Details	Accounting Distribution							Cost (excl. GST)		GST Amount		Total Cost (incl. GST)		
	Account	Fund	Dept. ID	Program	Class	Budget Period	Project / Grant							
1.				0000										
	Business / GL Unit		GST Trans Type (e.g. AO, FRAO, NIAO or EXAD etc.)											
	UNSW													
2.				0000										
	Business / GL Unit		GST Trans Type (e.g. AO, FRAO, NIAO or EXAD etc.)											
	UNSW													
3.				0000										
	Business / GL Unit		GST Trans Type (e.g. AO, FRAO, NIAO or EXAD etc.)											
	UNSW													
4.				0000										
	Business / GL Unit		GST Trans Type (e.g. AO, FRAO, NIAO or EXAD etc.)											
	UNSW													

Approved	Name of Delegated Officer		Signature of Delegated Officer		Date	

Reimbursement Received	Signature of Claimant		Date	
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Please ensure that all accounting distribution fields have been completed, otherwise this form cannot be processed and will be returned to you.