RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

Claim for Reimbursement of Travelling Expenses
(FELLOWS/TRAINEES O NLY)

NAME:

ADDRESS:

MEETING OF:

HELD IN: Date:

1.	**RETURN ECONOMY CLASS AIR FARE**: Please indicate reimbursement required. Please attach tax invoice. Route From: Route To:	$	
2.	**ACCOMMODATION: Hotel:** $330 (ex.GST) per night max. Please attach tax invoice.	$	
3. **4.**	**MEALS** (expenses up to the amount specified) **(For meals not charged to Hotel account):** Breakfast – $40.00; L u n c h – $50.00; D i n n e r –$130.00. (ex.GST) Please attach tax invoice. **(if claiming for additional diners, please include name)**	$	
	OTHER EXPENSES: E.g. airport parking, petrol etc. Please attach tax invoice.	$	
	TOTAL	$	

NOTE:
- Please provide bank details below for reimbursement
- If claims are for more than one person, please specify the number of people in attendance.

Bank Account Details			
Claimant signature:		GL Account Code:	
Account Name:		Approved By:	
BSB:		Signature:	
Account Number:		Date:	

Please provide soft copies of your tax invoices / receipts (in PDF or Image file) within one month of meeting to:

Australia and New Zealand

The Finance Department

accounts.payable@racp.edu.au