

SYDNEY ULANZ LIBRARY SCHEME

Student Membership Reimbursement Application

1. Claimant details

Your name

Your Student ID

Your email address

Your phone number

2. Expense details

Date of Purchase

Amount of purchase

\$ (GST inclusive)

Have you attached your original receipt?

Yes

No *Please note that this claim will only be paid if an original receipt is attached*

3. Payment details

BSB

Account No

Account Name

4. Claimant signature

Your Signature

Today's Date

Sydney Office Use Only

ID Confirmed?

Yes

Please confirm before sending on to Hobart office

Authorised by

Today's Date

Hobart Office Use Only

Reimbursement details

MYOB Entry

Date Paid

Amount Paid

\$ (GST inclusive)

Paid By

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

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