

# REIMBURSEMENT FORM

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

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

**Reimbursement Details:**

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

Expense Date(s): \_\_\_\_\_

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

Payment Method: \_\_\_\_\_

**Itemized Expenses:**

Date	Description	Amount (AUD)	Receipt Attached (Y/N)

**Declaration and Agreement:**

I hereby declare that the above expenses were incurred by me in the course of my employment, are accurate and complete to the best of my knowledge, and comply with company policies and applicable Australian laws. I understand that any false claims may result in disciplinary action, including potential termination and legal consequences under relevant legislation.

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

**Manager Approval:**

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

This Reimbursement Form is subject to the Australian Corporations Act 2001 and any other applicable laws. All claims must be supported by original receipts or documentation. Submission of false or fraudulent claims may result in legal action.

Original source of this document:

<https://templatesdocs-au.com/reimbursement-form/>

Did you find this template helpful?

Find more updated templates at:

<https://templatesdocs-au.com/>

[View more templates](#)

This template is intended exclusively for personal, non-commercial use.  
If distributed or published, the source must be mentioned.

This template is provided for guidance only and does not constitute legal advice.  
It is recommended to consult a legal professional for each specific case.