PO Box 37
Albury NSW 2640
Ph 02 60216235
Fax 02 60415149

RVTS
Remote Vocational Training Scheme Ltd

Claim for Expense Reimbursement

Details of Claimant

Name:	
Postal Address	
Telephone (BH)	
Email	
Signature	

Bank Account Details for EFT

Transfers cannot be made to bank account numbers with more than ten digits (not including BSB) or credit card accounts

Bank:		Branch:	
BSB:		Account Number:	
Account Name:			

Tick box to request email advice when payment has been made: ☐

Expenses Incurred

Please ensure a receipt is provided for all items claimed, and a Tax Invoice is provided for all items that include GST

Date	Description	Amount	Tax Invoice Attached	Office Use only Account
			☐	
			☐	
			☐	
			☐	
Total Expenses Claimed				

Office Use only

Authorised for Payment					
Authorised for Payment					
Amt paid:	$	Date Paid:		EFT No:	