

This form is to be completed for all claims of reimbursement from Charles Sturt University by persons other than staff members. **NOTE: All claims for reimbursement for CSU permanent staff and contract staff need to be processed via ProMaster. *This form is not required for the staff reimbursements.*** All information must be filled out completely and correctly. Any missing or incorrect information will result in a delay in the payment of the reimbursement.

Part 1. TYPE OF CLAIMANT

CSU Student (go to Part 2) Other Please specify _____ (go to Part 3)

Part 2. STUDENT ID

CSU Student Number

Part 3. CLAIMANT'S PERSONAL INFORMATION

Surname/Family Name

Given Names

Address for
Correspondence

Contact Phone Number

E-mail Address

CSU will make reimbursement directly to your bank account and to do so need your account details and your e-mail address.

Bank Name

BSB Number

Account Number

*Australian bank accounts only – International bank details need to be provided on the [International EFT Form](#)

Part 4. DESCRIPTION OF PURCHASES

Date	Vendor Name (purchased from)	What was Purchased	Amount
If more lines are required, please write details on back of form		Total Reimbursement Claimed	\$

Part 5. PURPOSE OF THE EXPENDITURE (Describe why the purchase was made and how it relates to CSU)

Part 6. DECLARATION

I affirm that I have incurred the above costs in relation to the purpose indicated above. All claimed expenses are supported by receipts/invoices/documentation attached. I have not and will not seek a claim for these expenses from any other source. The information I have provided is true and correct.

Claimant's Signature

Date