FILEforce

National 1 300 300 395
Fax 1 300 305 395
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EXPENSE CLAIM
(ONE PER OFFICER REIMBURSED)

CLIENT		CLIENT	
BRANCH / DEPARTMENT	Physical Location	WEEK	
FILE FORCE OFFICER (S) (If one officer is reimbursed for a team - submit one claim only)		YEAR	
		TASK	
ALLOWANCE DETAILS (AS PER SLA)		REIMBURSE BY Circle	CHEQUE VISA
WHO IS TO BE REIMBURSED FOR THIS EXPENSE (NAME AND BANK ACCOUNT/CREDIT CARD NUMBER)			BANK AMEX

DAY/DATE	POST/TELE/	TRAVEL/FUEL	ACCOM	MEALS	CONSUMABLES	PARKING	TOTAL
Postage/Parking meters no reciept required. Attach copies of receipts, accounts etc to this claim							

I CERTIFY THE CORRECTNESS OF THE ABOVE - EMPLOYEE SIGNATURE

DATE / /

NOTICE TO ALL FILE FORCE PERSONNEL

It is the employees responsibility to complete and forward this claim form with your fortnightly claim summary at the completion of work each alternate FRIDAY, as shown in the current employee handbook. Direct reimbursement of expenses are processed the following Tuesday.

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