



REQUEST FOR STAFF EXPENSE REIMBURSEMENT BY ELECTRONIC FUNDS TRANSFER

Staff Name: _____

Faculty/Division: _____ **Staff ID No:** _____

Email: _____ **Tel No:** _____

BSB: ____ - ____ **Account No:** _____

Account Name: _____

Bank Name: _____ **Branch:** _____

I authorise my staff expense reimbursements to be paid to the above bank account.

Signature: _____ **Date:** ____/____/____

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These account details will only be used for reimbursing you the expenses claimed on this and subsequent forms. You may terminate this arrangement, or change your account details, by emailing Accounts Payable on payables@deakin.edu.au

EXPENSE REIMBURSEMENTS ARE MADE EACH NON-PAY WEEK

Please Mail to: Accounts Payable, Geelong Campus @ Waurn Ponds

or Email to: payables@deakin.edu.au

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FBSD USE ONLY

Supplier Code: _____

Site Name: _____

Supplier file updated by: _____ **Date:** ____/____/____