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| --- | --- | --- | --- | --- | --- | --- | --- |
| F 05/06 | STUDENT REIMBURSEMENT REQUEST | | | | | UOM-Rev3D_S_Sm copy | |
| This form is to be used for **student reimbursements related to University Expenditure only.** All other salary payments, scholarships, prizes/bursaries, studentships and student reimbursements related to student course work to be administered by [**Melbourne Scholarships & Bursaries**](http://services.unimelb.edu.au/scholarships)**.** Student to complete the Student section and submit to their Department to complete. Once finalised, email to Finance Operations. Email only one inbox to avoid duplications. [fin-mdhs@unimelb.edu.au](mailto:fin-mdhs@unimelb.edu.au), [fin-stem@unimelb.edu.au](mailto:fin-stem@unimelb.edu.au), fin-hass@unimelb.edu.au, [fin-uschanc@unimelb.edu.au](mailto:fin-uschanc@unimelb.edu.au). Enquiries to Finance Relationship Group 9035 54000 (Option 2). | | | | | | | |
| STUDENT TO COMPLETE | | | | | | | |
| Student Name | |  | | | Student ID | |  |
| Home Address | |  | | | | | |
| Suburb | |  | State |  | Postcode | |  |
| Contact Phone No. | |  | Email |  | | | |

|  |  |
| --- | --- |
| AUSTRALIAN BANK ACCOUNT (enter details for one only) | INTERNATIONAL BANK ACCOUNT (enter details for one only) |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Account Holder Name (e.g. John Citizen) | |  | | | | Account Holder Name (e.g. John B Citizen) | | | | |  | | | | | |
| Bank Name (e.g. NAB) | |  | | | | Bank Account Name | | | | |  | | | | | |
| BSB | |  | | | | Bank Name | | | | |  | | | | | |
| Account Num. | |  | | | | Full address of Bank (include County) | | | | |  | | | | | |
| **Please ensure scanned copies of tax invoices/receipts are attached as supporting documentation for this request** | | | | | | Bank Account Num. | | | | |  | | | | | |
| Routing/ABA/Sort Code | | | | |  | | | | | |
| IBAN No\* | | | | |  | | | | | |
| Purpose of Payment | |  | | | | | | | | | | | | | | |
| Signature of student | | | | |  | | | | | | | | | Date | | /  / |
| SUPERVISOR / DEPARTMENT TO COMPLETE | | | | | | | | | | | | | | | | |
| Approved by | |  | | | | Position | |  | | | | | | | | |
| Approver Email | |  | | | | | | | | | | | Ph/Ext | |  | |
| Signature | |  | | | | | | | | | | | Date | | /  / | |
| Financial Approver  (leave blank if as above) | |  | | | | | | | | | | | Ph/Ext | |  | |
| Co | Dept. | CC | Account | Project | | | LPC | | Activity | Loc. | | Tax Code | | | | Amount |
|  |  |  |  |  | | |  | |  |  | | GST | | | |  |
|  |  |  |  |  | | |  | |  |  | | GST | | | |  |
|  |  |  |  |  | | |  | |  |  | | GST | | | |  |
| GST Amount | | | | | | | | | | | | | | | |  |
| TOTAL Amount (incl. GST) | | | | | | | | | | | | | | | |  |
| **FINANCE OPERATIONS USE ONLY** Invoice Number: Student No\_DDMMYY (i.e. 12345678\_220916) | | | | | | | | | | | | | | | | |