

EXPENSE CLAIM POLICY (WITH CLAIM FORM)

1. COMMENCEMENT OF POLICY

1.1 This Expense Claim Policy (Policy) will commence from 01/07/2022. It replaces all other expense claim policies of Disability Macarthur ('Disability Macarthur Family Support & Care') (whether written or not).

2. PURPOSE OF POLICY

2.1 This Policy covers Disability Macarthur Family Support & Care's procedure for the reimbursement of expenses incurred by employees in the performance of their duties for Disability Macarthur Family Support & Care.

3. APPLICATION OF POLICY

3.1 This Policy applies to employees of Disability Macarthur Family Support & Care. It does not form part of any employee's contract of employment.

4. REIMBURSEMENT OF EXPENSES

4.1 Reasonable costs incurred by an employee wholly as a result of their employment with Disability Macarthur Family Support & Care may be reimbursed, in accordance with this Policy. Employees are expected to exercise good judgment and discretion with respect to all business expenses and may, in certain circumstances (at the absolute discretion of Disability Macarthur Family Support & Care), be directed to obtain the authorisation of Disability Macarthur Family Support & Care prior to incurring business related expenses.

4.2 The reimbursement of expenses incurred in the conduct of Disability Macarthur Family Support & Care's business is subject to the discretion of Disability Macarthur Family Support & Care. Disability Macarthur Family Support & Care will not reimburse excessive or unreasonable expenses incurred.

5. PROCEEDURAL REQUIREMENTS

5.1 Claims must be supported by appropriate documentation/receipts and authorised by Julie Blazic.

5.2 Claims in excess of \$100 must first be approved by Julie Blazic, prior to incurring any expense.

5.3 Where you have incurred entertainment expenses in the course of your duties, reimbursement for such expenses is limited to a maximum of \$100, unless approval is sought from Julie Blazic prior to incurring the expense.

5.4 The Expense Claim Reimbursement Form must be completed by an employee and approved by Julie Blazic. All receipts must be submitted in order to request reimbursement of expenses. If Disability Macarthur Family Support & Care has provided you with a credit or debit card, you will be required to use that card when incurring work related expenses, and in accordance with Disability Macarthur Family Support & Care's terms of use.

5.5 Employees must ensure that sufficient information is provided to support the reimbursement of expenses. At a minimum, this should include:

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- (a) the date on which the expense was incurred;
 - (b) the purpose for which the expense was incurred;
 - (c) where the expense was incurred (for example, the location of the store where an item was purchased);
 - (d) if pre-approval is required, who approved the expense;
 - (e) amount of the expense incurred, including the amount of GST or other taxes and charges payable on the amount (e.g. a service charge for the use of a credit card);
 - (f) any invoices, receipts or other documentation that you have relating to the expense; and
 - (g) any other additional information or documentation that Disability Macarthur Family Support & Care requests at the time that you seek reimbursement for the expense incurred.
- 5.6 If you are unable to provide any of the information above (for example, because you have lost a receipt), or you are otherwise unable to provide the information to the standard required by Disability Macarthur Family Support & Care, your claim for reimbursement may be refused. In such circumstances, you may be required to sign a Statutory Declaration prior to Disability Macarthur Family Support & Care accepting your claim for reimbursement.
- 5.7 If you fail to seek reimbursement for expenses from Disability Macarthur Family Support & Care within 2 Months, Disability Macarthur Family Support & Care may in its discretion refuse to accept your claim for reimbursement of expenses.
- 5.8 If Disability Macarthur Family Support & Care accepts your claim for reimbursement, Disability Macarthur Family Support & Care will reimburse you for those approved expenses, in your next usual pay period.

Variations

Disability Macarthur Family Support & Care reserves the right to vary, replace or terminate this policy from time to time.

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Expense Reimbursement Claim Form

Important: Receipts/Tax invoices must be attached to this form

NAME

DATE

Nature of Expenses	Date expense incurred	Purpose for which expense was incurred	Where expense was incurred (if applicable - eg store name)	Who approved the expense (provide full name and position title)	Amount \$	GST \$	Total \$
Mobile/Home Phone – Business							
Home Newspapers							

<p>Motor Vehicle Expenses (provide details below):</p> <p>1. Reg. No: _____</p> <p>2. Kms travelled: _____</p> <p>3. Engine capacity: _____</p> <p>4. Odometer reading before and after trip: _____ _____</p>							
<p>Parking and tolls (provide details)</p> <p>_____ _____</p>							
<p>Parking and tolls FBT</p>							
<p>Entertainment (Give details on separate form below) *</p>							

Taxis – business (provide trip details) _____ _____ _____							
Publications							
Advertising							
Staff amenities							
Other (specify):							
TOTAL AMOUNT (\$):							

Declaration

In submitting this form, I declare all expenses are related to the proper performance of my duties with Disability Macarthur Family Support & Care.

Employee _____ Date _____
Signature _____
Signature _____ Date _____
of _____
approver _____
(Please print name of
Approver) _____

***Entertainment Details**

I Important: Receipts/Tax invoices must be attached to this form

Date	Venue	Names	Client/Company Name	Amount (\$)
			TOTAL AMOUNT (\$):	

Declaration

In submitting this form, I declare all expenses are related to the proper performance of my duties with Disability Macarthur Family Support & Care.

Signed _____ Date _____

Signature _____ Date _____
of
approver _____

(Please print name of Approver) _____