

ARMS Reimbursement Form

Guide for completing this form:

- 1. Please complete all relevant areas.
- 2. Provide EFT banking details.

Date paid:

3. Once completed, please forward this together with any tax invoice(s), receipts and relevant supporting documents to ARMSFinance@researchmanagement.org.au for payment.

SECTION A – To be completed by the Claimant.				
Name of Person:		Date:		
Email:	1	Telephone:		
REIMBURSEMENT DETAILS				
Name of Committee, Chapter or Position Title (please specify):				
Reason(s) costs were incurred:				
Date of activity:				
Itemise costs below, including GST or similar if tha	t has been paid:			
ITEM		Ex GST	GST	Total Cost
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
TOTAL		\$	\$	\$
		,		
SECTION B – Provide EFT Banking Details.				
Name of Account:	Bank Name:			
BSB:	Account No:			
Swift Code:				
Other Instructions:				

Receipt no: