### **Consumer Out-Of-Pocket Reimbursement Claim Form**

This form is used to claim reimbursement for out-of-pocket parking expenses related to your consumer involvement activities conducted for The Centre for Health Exercise and Sports Medicine.

Please note: all remuneration will be paid in gift vouchers and will be made on completion of all tasks (or as negotiated). Expenses will be rounded to the nearest dollar.

Please return the completed form to [insert contact email/address/name of contact person].

|  |  |
| --- | --- |
| **Name:** |  |
| **Contact details:** | Ph: Email: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of Expenses** | **Date** | **Amount ($)** | **Receipt Provided** |
| *Carparking at the University of Melbourne* | 15/08/23 | 18.50 | Yes |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL ($)** |  |  |  |

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Your name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_  Date |

FOR OFFICE USE ONLY (Finance and Accounts)

|  |  |  |
| --- | --- | --- |
| **Authorised by:** | **Date:** | **Cost Centre:** |
| **Project:** | **Total:** |  |