Petty Cash Claim

HiFlex Physio

Section 1: DETAILS - to be completed by person seeking reimbursement

I _____ seek reimbursement of **TOTAL CLAIM $** _____

Name (BLOCK letters)

_____ **DOLLARS** _____ **CENTS**

Amount in words

incurred by me for

_____

_____

_____

FOR YOUR INFORMATION

- Cash Payments
- Any alterations must be initialled
- All parts of Section 1 must be completed before approval is sought
- Only complete Section 4, if Fringe Benefits Tax applies to the claim
- Receipts or other supporting documentation must be attached
- Identification must be shown to receive reimbursement

GST STATUS: T FOR GST TAXABLE, F FOR GST-FREE, O FOR OUT OF SCOPE (MEAL ALLOWANCES)

Description of Goods / Services	Amount (GST inclusive)	GST Status T/F/O	GST	Class	RC	Project	Analysis (optional)
TOTALS							

I certify as to satisfactory performance of the service/provision of the goods.

Signature _____ **Date:** _____

Section 2: APPROVAL - to be completed by Delegated Officer

I approve of this expenditure in terms of my delegation of authority

Delegated Position - Use BLOCK Letters	Signature of Delegated Person	Date Approved

1300 555 222 hiflexphysio.com.au 222 Wandoo St Brisbane 4000

Section 3: REIMBURSEMENT - to be completed by person collecting money, when reimbursement is received

I acknowledge receipt of moneys.

Name - in BLOCK letters	Signature	Date Received

NOTE: PERSON SEEKING REIMBURSEMENT FOR EXPENDITURE INCURRED SHOULD BE SAME AS PERSON COLLECTING MONEY

Section 4: FBT DECLARATION - ONLY complete if transactions attract Fringe Benefits Tax

The above expenses were incurred by me during the period _____ to _____

for the following purpose(s) _____

Other FBT Expense Payment ONLY _____ FBT Entertainment Expense ONLY _____

The percentage incurred on Bounce Fitness Business was: _____ % Total No. of person's _____ No. Staff _____

Name of person claiming payment	Signature	Date Received

Administration Use Only - to be completed by Petty Cash Officer

Receipts / supporting documentation attached _____

ID Provided (Details) _____