

PREDICT / CRE Cost Reimbursement Form

1. Complete the details below:

YOUR NAME: _____

WORK ADDRESS: _____

CONTACT EMAIL/PH: _____

REIMBURSE COSTS TO: _____

Costs incurred will be paid directly into your bank account.

PLEASE TICK ONE OF THE FOLLOWING: BANK DETAILS AS PREVIOUSLY ADVISED

NEW BANKING DETAILS (enter below)

BANK NAME: _____

ACCOUNT NAME: _____

BSB: _____

ACCOUNT NO: _____

IF OVERSEAS PLEASE INCLUDE SWIFT code/BIC/routing no/sort code: _____

Describe cost details:	Amount paid (incl GST)
	\$
	\$
	\$
	\$
TOTAL COSTS:	\$

CURRENCY OF COSTS : eg. AUD or NZ \$ _____

2. Attach **ORIGINALS (not photocopies)** of tax invoices/receipts for all costs – ideally the invoice should be marked “Tax Invoice”
3. Attach a copy of your bank/credit card statement showing payments made and your **NAME** on the statement (we realise this is quite personal but the accounts department requires it – I suggest using a texta to blank out other transactions for privacy).
4. Please mail **ALL** the above, including this form to the address below:
(Cate will supply you with reply paid envelope at the meeting or you can give receipts/form to Cate then).

Cate Wilson (Cost Centre No: CM50428),
Emergency Research / Clinical Sciences Theme
West Level 4, Murdoch Childrens Research Institute, Royal Childrens Hospital
50 Flemington Road, Parkville VIC 3052

NB. ALLOW 6 WEEKS FOLLOWING OUR RECEIPT OF YOUR CLAIM FOR REIMBURSEMENT TO BE PROCESSED.

QUESTIONS? - email: Catherine.wilson@mcri.edu.au OR marian.chandler@mcri.edu.au