

Name of Claimant	Faculty / School / Department	Business Unit
		UNSWA

Details	Accounting Distribution							Cost (excl. GST)		GST Amount		Total Cost (incl. GST)	
	Account	Fund	Dept. ID	Program	Class	Budget Period	Project / Grant						
1.				0000	00								
	Business / GL Unit		GST Trans Type (e.g. AO, FRAO, NIAO or EXAD etc.)										
	UNSW												
2.				0000	00								
	Business / GL Unit		GST Trans Type (e.g. AO, FRAO, NIAO or EXAD etc.)										
	UNSW												
3.				0000	00								
	Business / GL Unit		GST Trans Type (e.g. AO, FRAO, NIAO or EXAD etc.)										
	UNSW												
4.				0000	00								
	Business / GL Unit		GST Trans Type (e.g. AO, FRAO, NIAO or EXAD etc.)										
	UNSW												

Approved	Name of Delegated Officer	ANN MOORE	Signature of Delegated Officer		Date	
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Reimbursement Received	Signature of Claimant		Date	
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Please ensure that all accounting distribution fields have been completed, otherwise this form cannot be processed and will be returned to you.