# Expense claim form

## 1. Participant / Worker / Client details

|  |  |
| --- | --- |
| Date | Participant number or claim number  |
| Click or tap to enter a date. |   |
| **Participant / Worker / Client’s name** |
|   |
| **Payment to be made to:** |
| [ ]  Participant / Worker / Client | [ ]  Other person |
| If payment is made to another person, what is the other person’s relationship to the participant / worker / client? |
|   |

**Confirm Bank account details:**

[ ]  Please use the bank account details previously provided to icare

## [ ]  This is the first time I have made an expense claim or my bank account details have changed. I have attached a completed EFT details form.

## 2. Person requesting out-of-pocket reimbursement details

|  |
| --- |
| **Person’s name (if not a Participant / Worker**  |
|   |
|  **Address** |
|   |
| Town | State | Postcode |
|   |   |   |
| **Phone** | **Mobile** |
|   |   |
| **Email (we will send the remittance advice electronically to the email address you supply)** |
|   |

## 3. Details of out-of-pocket expenses

Supporting receipts or tax invoices must be attached. For travel claims, please also attach the travel log.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Brief Description  | Amount | Receipt attached  |
|   |   |   | [ ]  Yes [ ]  No  |
|   |   |   | [ ]  Yes [ ]  No |
|   |   |   | [ ]  Yes [ ]  No |
|   |   |   | [ ]  Yes [ ]  No |
|   |   |   | [ ]  Yes [ ]  No |
|   |   |   | [ ]  Yes [ ]  No |
|   |   |   | [ ]  Yes [ ]  No |
|   |   |   | [ ]  Yes [ ]  No |
|   |   |   | [ ]  Yes [ ]  No |
|   |   |   | [ ]  Yes [ ]  No |
|   |   |   | [ ]  Yes [ ]  No |
|   |   |   | [ ]  Yes [ ]  No |
|   |   |   | [ ]  Yes [ ]  No |
|   |   |   | [ ]  Yes [ ]  No |
|   |   |   | [ ]  Yes [ ]  No |
|   |   |   | [ ]  Yes [ ]  No |
| Does this need to be paid in a currency other than Australian Dollars (AUD)? [ ]  Yes [ ]  No  | **Total:**$  | Currency (if not AUD):  |

## 4. Submitted by (name must match the person identified in section 1 or 2)

|  |
| --- |
| Name  |
|   |
| **Signature**  | Date |
|  | Click or tap to enter a date. |

## 5. Return to

|  |  |
| --- | --- |
| **Accounts Payable**GPO Box 4052Sydney NSW 2001 | **Email this form to:**care-expenseclaim@icare.nsw.gov.au**Phone:** 1300 416 829 |
| If you’d like to confirm what bank account information is held by icare, you can contact the Care Finance team by phone: 1300 416 829 For all other enquiries you can speak with your icare contact or call the general enquiries line by phone: 1300 738 586 |

|  |  |
| --- | --- |
|  | **icare**GPO Box 4052, Sydney NSW 2001**General Phone Enquiries: 1300 738 586**Email: care-requests@icare.nsw.gov.auwww.icare.nsw.gov.au |