


Important Information:

This form is to be completed for requesting payments to short-term visitors to Monash and where no fee for service is applicable.

Short-term visitors must meet the following criteria:

- **Visit must not exceed 20 calendar days;**
- Claims made should only be for payment of Travel, Accommodation and Incidentals; and
- Access to University Resources (Library electronic journals & ID Security) is not required.

For visitors who do not meet the above criteria, please submit your claim request via the Visitor Management Module.

Please complete the relevant shaded sections of this form.

SECTION 1 – DETAILS OF VISIT (to be completed by inviting department)

Visit Start Date		Visit End Date		Total # visit days	
Supervisor Name				Supervisor Phone	

SECTION 2 – VISITOR DETAILS (to be completed by inviting department and / or visitor)

Title	Family Name	Given Name (s)			
Residential/Mailing Address (in Australia)		Residential/Mailing Address (in country of origin)			
Country		Postcode		Country	
Contact No				Contact No <i>(include country code)</i>	
Email				Email	
Send reimbursement to this address			<input type="checkbox"/>	Send reimbursement to this address	
			<input type="checkbox"/>		

SECTION 3 – VISITOR REIMBURSEMENT CLAIM DETAILS (to be completed by visitor and / or inviting department)

Approved Reimbursement information		Account Assignment Information			
Expense type	Claimed \$ (AUD)	G/L Account	Cost Centre	Fund	Tax code
Accommodation	\$	734032			
Travel	\$	734032			
Food & Incidental	\$	Vendor text (will appear on AP reports)			
TOTAL	\$	Line item text (will appear on G/L reports)			
Reimbursement Currency					

Note: Please ensure supporting documentation / receipts are attached to this claim

FOR PURCHASE TO PAYMENT SERVICES USE ONLY

Supplier Number	Doc type	Curr Code	Document Number	Posting Date
Verified By		Actioned by		Notes

SECTION 4 – PREFERRED PAYMENT METHOD		(to be completed by visitor)
Please indicate your preferred payment method		
Please pay by cheque: <i>If select "By Cheque", proceed to Section 6)</i>	<input type="checkbox"/>	Please pay into bank account: <i>(If select by "bank account", proceed to Section 5)</i>

SECTION 5 – VISITOR BANKING DETAILS FOR REIMBURSEMENTS		(to be completed by visitor)	
For payments to international bank accounts, please provide the full IBAN and / or SWIFT Code details			
Name of Bank or Financial Institution			
Address of Bank or Financial Institution			
	Country		Postcode
Name of Account Holder			
Australian Bank Account Number			
	BSB	Account Number	
US Bank Details			
	ABA / ROUTING NUMBER	Account Number	
International Bank Account Number (IBAN)			
	Country	Check Digits	Bank Code
SWIFT / BIC / SORT Code			

SECTION 6 – DECLARATION BY VISITOR		(to be completed by visitor)
<p>1. I, being the person whose name and signature appears below, certify that 100% of the claim has been incurred in association with this visit and has not been claimed elsewhere.</p> <p>2. I acknowledge that as a visitor I am not an employee, partner or agent of the university and have no entitlement to a salary or other employment related benefits.</p>		
Name (please print)	Signature	Date
		_ _ / _ _ / _ _

SECTION 7 – AUTHORISATION OF SPONSORING ORGANISATIONAL UNIT		(to be completed by inviting faculty / unit)	
Authorised by Visitor's Supervisor		Authorised by Delegated Officer	
I certify that I am the person to whom the visitor reported and that I have checked the contents of this claim. I confirm that the expenditure has been incurred by the Visitor, is appropriate within the terms of the visit and has not been previously claimed within Monash .		I, as the officer having delegated financial authority for the cost centre specified in Section 3 above, have checked the contents of this claim and believe it to be in line with the University policy and the claim has not been previously claimed within Monash .	
Signature	Date	Signature	Date
	_ _ / _ _ / _ _		_ _ / _ _ / _ _
Print Name below		Print Name below	

Note: Completed form and supporting documentation to be forwarded for processing to:
 Accounts Payable, 710 Blackburn Road, Clayton