**AUSTRALIAN REGION**

**REIMBURSEMENT REQUEST**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date of Request: |  |
| Event/Purpose: |  | Date of Event: |  |
| Location: |  |  |  |

**Maximum per diem is $100 per day**

**Maximum per night accommodation allowance is $110 per night**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Days** | **Main Travel** | **Accommodation**  **Max $110 per night** | **Per Diem**  **Max $100 per day** | | **Daily Total** |
|  |  |  | **Meals** | **Other** |  |
| **Friday** |  |  |  |  |  |
| **Saturday** |  |  |  |  |  |
| **Sunday** |  |  |  |  |  |
| **Monday** |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |
| **Totals** |  |  |  |  |  |

*Note: Only include charges to be reimbursed. (Attach copies of receipts, with the exception of meals).*

**I hereby certify the above is true and correct.**

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| --- | --- | --- | --- |
| Signed |  | Date |  |
| Approved |  | Date |  |