

**STAFF FLU VACCINE REIMBURSEMENT FORM**

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Date Month Year

**Staff ID Number:**

Old HR Employee Code

New Aurion Employee No

Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Reimbursement details:** (Please state timing and nature of business related activity)

*Flu vaccine (maximum reimbursement amount capped at $22)*

**Please attach supporting tax invoices/receipts/documents**

**Please supply bank account details:**

**BSB Bank Account Number**

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Please ensure account strings provided are valid and correct

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| **Entity** |  | **Project Code** |  | **SoF** |  | **Natural Account** |  | **Amount $** |
| **9** | **1** |  | **9** | **0** | **1** | **0** | **8** | **8** |  | **1** | **3** | **1** |  | **4** | **8** | **5** | **2** | **4** | **$** |  |  |  |  |  | . |  |  |
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| **Total Amount (capped at $22 limit) $** |  |  |  |  |  | **.** |  |  |

 **Date: \_\_\_\_/ \_\_ \_/\_\_\_\_**

**Name/s of Supervisor:**

**Supervisor Signature/s:**

**Member of Executive Signature/s:**

**(Director of Human Resources)**

 **Date: \_/ /**

**Requisitoned by: Date: / /**

Please send the completed form to HR (hr@acu.edu.au) for approval and processing by Accounts Payable.

Please note form with any incorrect information or insufficient supporting documents may result in payment being delayed.