# 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 4052  Sydney NSW 2001 | **Email this form to:**  [care-expenseclaim@icare.nsw.gov.au](mailto:LTCSFinance@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.au](mailto:care-requests@icare.nsw.gov.au) www.icare.nsw.gov.au |