

# Expense claim form

## Expense claims for participants, workers and clients

### 1. Participant / Worker / Client details

Date

Participant / Claim number

Participant / Worker / Client's name

#### Payment to be made to:

Participant / Worker / Client

Other claimant

If payment is made to another claimant, what is the other claimant'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. Claimant's details

Claimant's name (if not Participant / Worker / Client)

Claimant's address

Town

State

Postcode

Email (remittance advice will be sent electronically to the email address you have supplied)

Phone

Mobile



#### 4. Submitted by (Participant / Worker / Claimant)

Name

Signature

Date

#### 5. Return to

##### Accounts Payable

GPO Box 4052  
Sydney NSW 2001

##### Email this form to:

[care-expenseclaim@icare.nsw.gov.au](mailto:care-expenseclaim@icare.nsw.gov.au)

**Phone:** 1300 416 829

**Fax:** 1300 738 583

If you'd like to confirm what bank account information is held by icare, you can contact the icare finance team on phone: **1300 416 829**

All other questions can be directed to your icare contact or the general enquiries line on phone: **1300 738 586**