University Department of Rural Health (UDRH)
Accommodation Allowance Claim Form

The maximum reimbursement for student accommodation is **UP to $100.00 per week**, if less than $100 per week was paid then the full amount will be reimbursed. Receipts **MUST** be attached; no receipts no payment.

**Complete at the end of your placement**
- Complete the student details
- Complete the accommodation details
- Sign and Date

**UniSA Finance Unit FS3 Expenditure Claim**
- Complete the payable to and address in the top section of this form
- Complete all required information in the PAYEE BANK ACCOUNT DETAILS section – make sure that you enter all your bank account details

Return to the below address:
Student Pre-Placement
University Department of Rural Health (UDRH)
C/- University of South Australia
Nicolson Avenue
WHYALLA NORRIE SA 5608
The maximum reimbursement for student accommodation is **up to $100.00 per week**, if you paid less than $100.00 you will receive what you paid. Receipts **must** be attached.

**STUDENT DETAILS:**

Family Name: ___________________________  Given Name: ___________________________

Address
__________________________________________

__________________________________________

Email Address
__________________________________________

Student ID Number: ___________________________  Contact Phone Number: ___________________________

Program: ___________________________  University: ___________________________

**ACCOMMODATION DETAILS:**

Location: ______________________________________

Name of Accommodation: ___________________________

Address of Accommodation
__________________________________________

__________________________________________

Arrival Date: ___________________________  Departure Date: ___________________________

Program: ___________________________  University: ___________________________

Signed ___________________________  Date ___________________________
**EXPENDITURE CLAIM**

**Purpose:** Accommodation Allowance

Complete this form to make an invoice payment (unless a purchase order payment) through Accounts Payable, Finance Unit. Supporting documentation must be attached for all transactions.

<table>
<thead>
<tr>
<th>Expenditure Details</th>
<th>GST Code</th>
<th>Sub Ledger</th>
<th>Account Code</th>
<th>Amount $</th>
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**Total for Payment**

**Requirement for Withholding Tax:** Where an ABN is not able to be quoted, 46.5% of the payment must be withheld unless one of the following items applies. Please choose one of the following.

1. ☑ Reimbursement to student / visiting scholar (must attach an original tax invoice/receipt).
2. ☐ ABN not required for amounts that do not exceed $50.
3. ☐ Payment represents travel allowance
4. ☐ Statement by Supplier (private declaration) provided (where the recipient has no ABN).
5. ☐ Payment is to a non resident supplier or non resident visiting scholar.
6. ☐ Prize for which services were not rendered (attach supporting documentation).
7. ☐ Donation (receipt documenting the donation is attached).
8. ☐ Payment to an income tax exempt charity or government organisation.
9. ☐ Refund to customer. Refunds of previously taxed revenue items require an Adjustment Note.

**PAYEE BANK ACCOUNT DETAILS** *(please provide if details have changed or not previously advised)*

<table>
<thead>
<tr>
<th>Account Name:</th>
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<tbody>
<tr>
<td>Bank:</td>
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<tr>
<td>Branch:</td>
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<tr>
<td>BSB number (6 digits):</td>
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<td>Account Number (9 digits):</td>
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**AUTHORISATION**

I certify that the above expenditure is incurred for official University purposes, is correctly coded and is supported by appropriate documentation.

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<tr>
<th>Preparer/Claimant <em>(signature)</em></th>
<th>Authorised Supervisor <em>(signature)</em></th>
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<tr>
<td>Date Ext No</td>
<td>Date Ext No</td>
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<tr>
<td>Preparer/Claimant Name <em>(print)</em></td>
<td>Authorised Supervisor Name <em>(print)</em></td>
</tr>
</tbody>
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