**ABSTUDY LAWFUL CUSTODY ALLOWANCE**

**CLAIM FOR REIMBURSEMENT (TO SUPPORT SY022)**

**Education Institute: CRN:**

**Institution Address:**

**Contact person: Phone Number:**

**Course Title: Start Date: End Date: Group No:**

**Organisational Ref/Claim No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(if required by institution)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Name** | **Date of Birth** | **CRN**  (For Agency use only) | **Student Start Date** | **Essential Costs** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
| **Total** | | | | **$** |

NB: Additional rows can be added for student’s names as required

NB: Please ensure that all costs listed above are supported by receipts and/or proof of expenditure.

**STATIONERY, RESOURCES & MATERIAL LIST**

|  |  |
| --- | --- |
| **ITEM** | **TOTAL COST** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |

NB: This spreadsheet is for you to input information regarding invoices and amounts from suppliers that you wish to claim for. You can also include any resource costs, materials and stationery as outlined on page 2 of the SY022.

**PLEASE CONFIRM THE FOLLOWING INFORMATION:**

1. **Person/Organisation who covered the Essential Costs:**
2. **Person/Organisation who is claiming for the reimbursement:**

**(Can be Education Institution, Correctional Facility, Supplier or Student)**

1. **Bank account details for reimbursement:**

**BSB NUMBER:**

**ACCOUNT NUMBER:**

I confirm that the students listed above are enrolled in the above course, and that costs being claimed In this reimbursement are ‘Essential Course Costs’ which all students undertaking the above-named course will incur, whether in custody or not.

An original, itemised invoice/evidence of expenditure/booklist is attached.

I also confirm the above bank account details for reimbursement of Essential Costs.

Name:

Position/Title: (Must be signed by head of school/faculty or equivalent representative)

NB: Costs can only be claimed where a Lawful Custody Allowance claim (SY022) has been submitted for each of the above students