

# ABSTUDY Lawful Custody Allowance

## Claim for reimbursement – to support SY022 (SY108)

To be completed by the Head of School/Faculty or equivalent representative of the course provider.

Education institute  Organisation Customer Reference Number (if known)

Institution address

Contact person  Contact phone number

Course title  Start date  /  /  End date  /  /  Group number

Organisational Reference or Claim Number (if required by institution)

Student name	Date of birth	Customer Reference Number (for Agency use only)	Student start date	Essential costs
1	/ /		/ /	\$
2	/ /		/ /	\$
3	/ /		/ /	\$
4	/ /		/ /	\$
5	/ /		/ /	\$
6	/ /		/ /	\$
7	/ /		/ /	\$
8	/ /		/ /	\$
9	/ /		/ /	\$
10	/ /		/ /	\$
11	/ /		/ /	\$
12	/ /		/ /	\$
<b>Total</b>				\$

If you need more space, provide a separate sheet with details.

Make sure all costs listed above are supported by receipts and/or proof of expenditure.



