

**THESIS ALLOWANCE CLAIM FORM**  
**RTP, UPA, Gledden, Hackett, Prescott & full Jean Rogerson Scholarship Awards**

Claims **must** be lodged with the Graduate Research School at The University of Western Australia within two (2) years of expiry or termination of the award. Claims made more than two (2) years after expiry of the award will not be processed. Claims are payable for costs associated with the submission + **re-submission** of a thesis, or the lodgment of bound copies of the thesis following examination. The combined total of the allowance for submission and re-submission must not exceed the maximum amounts specified in the conditions of the award. Please note:

- (i) **Only costs with original Tax Receipts** will be considered (an EFT transaction slip is not sufficient).
- (ii) **Original receipts** must clearly state the person/company's name and address, the services provided, the amount incurred and the date on which the receipt or the account was issued. Editing costs are not covered.
- (iii) Evidence from this institution that the thesis has been accepted for examination must be included with this claim.

1. Name of Award Holder:

2. Title:                      Dr       Mr       Miss       Ms       Mrs

3. Student Number:                       Telephone:

4. Scholarship Held:                       **Masters/PhD**

5. Postal Address

**6. Summary of Claims as per Receipts Attached:**

REIMBURSE FOR	Quantity	Cost Ex GST	GST	Total inc GST	<i>Office Use Only Approved Claim</i>
Permanent Photocopying/Printing (Max 6)					
Temporary Printing & Binding (Max 4)					
Permanent Binding (maximum 6)					
<b>PAY DIRECT (Uniprint) Permanent Binding (maximum 6)</b>			<b>N/A</b>		
				<b>TOTAL CLAIM:</b>	

**7. Part-Time Enrolment – I have/I have not been enrolled part-time during the tenure of my scholarship.**

*(please delete as appropriate)*

**Please Reimburse:**

- Me by Electronic Funds Transfer (EFT) to my bank account *(as per attached EFT form)*
- My School for costs incurred on my behalf. *(Proof of purchase attached)*

BU:  PG Number

**8. Declaration of Award Holder:**

I declare that the information supplied by me on this form is complete, true and accurate in every particular.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Office Use Only*

<u>Business Unit</u> 9 5 3 1 0	<u>Account</u> 6 7 1	<u>Project/Grant</u> _____	<u>Claim Approved By</u> _____
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**This form is to be completed by the supplier**

**Vendor ID (or Staff/ Student Number, if applicable)**

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**Vendor Name**

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**Vendor Bank Details**

Name of Financial Institution  
(ie. Westpac, NAB etc.)

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Address/ Branch of  
Financial Institution

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Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Australian Business  
Number (ABN)

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BSB Number

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Account Number

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E-Mail Address (For receipt of remittance advice)

Please attach supporting evidence of bank details i.e. invoice on company letterhead containing bank account details, bank statement or deposit slip.

**Conditions of use of EFT:**

- Future payments made by The University of Western Australia will be by EFT.
- The above-named Business agrees to repay to The University of Western Australia on demand any payments credited to the Business in error or as a result of incorrect information supplied on this form. The University of Western Australia reserves the right to off set the amount of any overpayment made in error against any future debt or liability owing to The University of Western Australia by the Business.
- The University of Western Australia reserves the right at any time to terminate or suspend this EFT payment system and to pay by any other manner which The University of Western Australia may determine from time to time.

**In relation to the above bank details submitted to The University of Western Australia, I hereby certify the above information to be correct, and agree to the above conditions.**

**This form is to be signed by the vendor or the personnel receiving funds only.**

Position:		Name:	
Phone:		Signature:	
Fax:		Date:	

**For Completion by Financial Services**

Vendor ID _____	Approved By _____
Date _____	Approval Date _____
Actioned By _____	Comments _____