



## CLAIM FOR THESIS ALLOWANCE – REIMBURSEMENT OF COSTS

(APA, UPA, Gledden, Hackett, Prescott & full Jean Rogerson Scholarship Awards)

- Claims **must** be lodged with the Scholarships Office 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 **resubmission** of a thesis, or the lodgment of bound copies of the thesis following examination, provided that the claim is made **not more than** two (2) years after the termination of the award. 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:
  - Only costs with original Tax Receipts** will be considered (an EFT transaction slip is not sufficient).
  - 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.
  - 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:

4. Telephone:

4. Postal Address for Issue of Cheque:

Postcode:

5. Scholarship Held:

Masters/PhD

6. Summary of Claim as Per Receipts Attached

	Excl. GST	GST	Total	<i>Office Use Only:</i>
Colour Plates	\$ _____	\$ _____	\$ _____	<b>Amount Payable</b> \$ _____
Printing/Copying of Thesis	\$ _____	\$ _____	\$ _____	
Temp/Permanent Binding	\$ _____	\$ _____	\$ _____	
Other (please specify)	\$ _____	\$ _____	\$ _____	
<b>*Total Claimed</b>	\$ _____	\$ _____	\$ _____	

**\*Please note:** Costs for four copies may be claimed. A case must be made for up to two additional copies

7. Part-Time Enrolment – I have/I have not been enrolled part-time during the tenure of my scholarship. (please delete as appropriate)

**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: \_\_\_\_\_

<u>Business Unit</u> 9 5 3 1 0	<u>Account</u> 6 7 1	<u>Project/Grant</u> _____	<u>Payment Approved By</u> _____
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