

# INTERNATIONAL SPEAKER EXPENSE CLAIM FORM

AUPS SCIENTIFIC MEETING  
25<sup>TH</sup>-28<sup>TH</sup> NOVEMBER, 2018  
SYDNEY, NSW



ABN #: 65 820 412 570

Your name \_\_\_\_\_

Amount \_\_\_\_\_

Please provide an ABN **OR** provide a signature for the statement below and attach receipts.

ABN \_\_\_\_\_

I (or the partnership that I represent) have no reasonable expectation of profit or gain from the activity undertaken and consider that I (or the partnership that I represent) do not meet the definition of enterprise for tax purposes.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

Payments will be made by direct/wire transfer. Please complete the relevant sections, attach receipts and email to the AuPS treasurer [treasurer@aps.org.au](mailto:treasurer@aps.org.au)

## Direct/wire transfer:

Bank name	
Bank address	
Account holder's Name	
Account holder's address	
Account Number	
SWIFT Code	
IBAN Code	