

# INTERNATIONAL SPEAKER EXPENSE CLAIM FORM



AUPS SCIENTIFIC MEETING  
20<sup>TH</sup> – 23<sup>RD</sup> NOVEMBER 2022  
HOBART TAS

ABN #: 65 820 412 570

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**Full 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: [danielle.hiam@deakin.edu.au](mailto:danielle.hiam@deakin.edu.au)

## Direct/wire transfer:

<b>Bank name</b>	
<b>Bank address</b>	
<b>Account holder's Name</b>	
<b>Account holder's address</b>	
<b>Account Number</b>	
<b>SWIFT Code</b>	
<b>IBAN Code</b>	