**INTERNATIONAL SPEAKER EXPENSE CLAIM FORM**

AuPS Scientific Meeting

1st-4th December 2019

Canberra, ACT

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@aups.org.au](mailto:treasurer@aups.org.au)

|  |  |  |
| --- | --- | --- |
| **Direct/wire transfer:** | | |
| Bank name |  |
| **Bank address** |  |
| **Account holder’s Name** |  |
| **Account holder’s address** |  |
| **Account Number** |  |
| **SWIFT Code** |  |
| **IBAN Code** |  |