



APPLICATION FOR REIMBURSEMENT – INTERNATIONAL SCHOLARSHIP/SPONSORSHIP

This form should be completed by students who are recipients of an international scholarship or sponsorship arrangement to claim reimbursement for expenses as specified in their award.

Student ID Number: [Grid of 8 empty boxes]

Title: Mr Miss Ms Mrs Dr Other: .....

Surname: .....

Given Names: .....

Postal Address: ..... Postcode: .....

Telephone No: .....

Email: .....

Award: ADB EIPRS USIRS Other (please specify): .....

Please complete bank account details on the back of this form. If these details are not provided, reimbursement will be made via bank cheque/draft posted to the postal address provided.

Please provide details of expenses (eg. Health cover, travel expense, book allowance etc.) and ensure original receipts for ALL claimed expenses are attached to this form.

Table with 2 columns: Item, Amount \$. Rows 1-6 for listing expenses.

Total reimbursement amount claimed: \$ .....

Signature: ..... Date: .....

Please return this form to the International Office at the address above.



**Vendor EFT Details – Australia**

**Student ID Number:**

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**Title:**            **Mr**            **Miss**            **Ms**            **Mrs**            **Dr**            **Other: .....**

**Student Name:** .....

**Telephone No:** .....

**Email:** .....

**Account Name:** .....

**Financial Institution: (eg. Westpac, Commonwealth Bank etc.)**

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**Address:** .....

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**Bank/State/Branch Number (BSB)**

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**Account Number**

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**Conditions of Use of EFT:**

- Future payments by the University of Sydney will be by EFT.
- Changes in the above particulars are to be notified immediately.
- The above-named Business agrees to repay to the University of Sydney on demand any payments credited to the Business in error. The University of Sydney reserves the right to set off the amount of any overpayment made in error against any future debt or liability owing to the University of Sydney by the Business.
- The University of Sydney 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 Sydney may determine from time to time.

**I agree to the above conditions.**

**Signature:** .....

**Date:** .....

**Please return this form to the International Office at the address above.**