



FHS: Reimbursement of Expenses – Honours Program

Author	Chris Chapparo
Approved By	FHS Executive Committee
Date of Effect	30 March 2009
Date Amended	14 March 2011
Review Date	14 March 2012

1. Purpose

The document outlines the Faculty procedures whereby an Honours student can seek reimbursement for an Honours project expenses.

2. Policy Principles

While the expectation is that honours students engage in research projects that can be self funded, the Faculty of Health Sciences may provide financial assistance for project expenses up to maximum sum of \$500 with the support of their Supervisor and Course Coordinator. Financial assistance is given at the discretion of the Associate Dean, Learning & Teaching.

3. Faculty's Administrative Procedures

3.1. Student completes the **Honours Grant Application form** (Appendix 2), submits form to their Supervisor and Course Coordinator for support of application (signature), and then form is submitted to the Project Officer to obtain Learning & Teaching Executive approval.

3.2. Additional approval will be required from the Associate Dean, Learning & Teaching, in instances where a staff member's corporate credit card has been used to purchase items.

3.3. The Project Officer, Learning & Teaching will notify approval of funds to the student, student's Supervisor and Course Coordinator.

3.4. It is important to note that any **Variation** of the items in the approved budget requires to be renegotiated with Supervisor and Course coordinator BEFORE purchasing items and be consistent with procedure guideline 3.8. If receipts submitted for reimbursement are not reflected in the approved budget the reimbursement of funds expended will not be processed.

3.5. Students may submit **Honours Grant Claim for Reimbursement of Expenses form** (Appendix 3) more than once during their honours candidature, but are encouraged to submit receipts for more than one item at any given time (this will help minimize administration time and costs).

3.6. ORIGINAL receipts, in English, are required for all reimbursements – photocopies will not be acceptable.



- 3.7. Reimbursements will be processed as soon as possible (please note that to ensure that student reimbursements are not delayed, the student is required to write on each receipt submitted the exact item purchased). Payment of the student reimbursement (Appendix 3) will be processed by the University's Shared Services and payment will be released within one (1) month of receipt of claim form sent from the Faculty of Health Sciences.
- 3.8. Electronic Funds Transfer – Students are encouraged to complete the **Vendor EFT details – Australia** form (see Appendix 4) and attach to their **Honours Grant Application** form (see Appendix 2), this will save time when processing reimbursements. If a staff's corporate credit card is used, then a journal transfer will need to be organized by the Supervisor's Faculty Research Group.
- 3.9. Items that **may be** reimbursed include:
- 3.9.1. **Travel** (e.g. petrol and bus/train fares for data collection, Honours Retreat attendance as part of Discipline program); However mileage/payment per km will not be reimbursed;
 - 3.9.2. **Consumable** (e.g. audiocassettes, measures & assessments (which are to be returned to the Discipline at the completion of the student's honours course);
 - 3.9.3. **Accommodation** (for example during data collection outside of Sydney);
 - 3.9.4. **Rental of equipment** However equipment that can be loaned from the Discipline will not be reimbursed.
- 3.10. Items that **will not** be reimbursed include:
- 3.10.1. **Routine meal costs** (e.g. whilst collecting data);
 - 3.10.2. **Photocopying, printer cartridges and printing costs** (e.g. paper for chapter drafts).
- 3.11. Supervisors are permitted to provide up to 100 pages of photocopying per semester for honours students, via the photocopier or printing department. This allowance may be used to cover cost of draft manuscripts, printing of surveys, consent forms, participant information sheets, and Ethics submissions etc on campus.
- 3.12. For projects requiring Ethics approval, a copy of Ethics approval must be attached to **Honours Grant Application** form.

4. Commentary

- 4.1. The purchase of specialized equipment should be undertaken through Technical officer in EXERCISE & SPORTS SCIENCES and OCCUPATIONAL THERAPY.
- 4.2. Please send all correspondence to Project Officer (Peggy Timmins) via:

Learning and Teaching
Ground level, A-Building
Faculty of Health Sciences
PO Box 170
Lidcombe NSW 1825



4.3. Matrix of forms used during the process

Steps	Step one ⇨	Step two ⇨	Step Three ⇨	Step four ⇨
Form	Honours Grant Application Form	Honours Grant Application Form	Honours Grant Application Form + Honours Grant Claim for Reimbursement of Expenses + Original receipts * + Vendor EFT Details (Australia)	Payment request (Office Use Only) + Honours Grant Claim for Reimbursement of Expenses + Original receipts + Vendor EFT Details (Australia)
Ownership	Student	Project Officer	Student	Project Officer
Action	<ul style="list-style-type: none"> Student gets support signatures from Supervisor and Course coordinator Student gives the signed form to Project Officer 	Project Officer: <ul style="list-style-type: none"> Sends form to Learning & Teaching Executive to get approval signature Informs student that form has been signed 	Student gathers all required documents for Project Officer to process payment	Project Officer <ul style="list-style-type: none"> prepare Payment request form sign as “Certifying officer” get Learning & Teaching Executive to sign as “Delegated position” send to Shared Services (Accounts Payable)
Signature	<ul style="list-style-type: none"> Supervisor Course coordinator 	<ul style="list-style-type: none"> Learning & Teaching Executive 		<ul style="list-style-type: none"> Project Officer Learning & Teaching Executive
Copy to be kept by	Student	<ul style="list-style-type: none"> Faculty file Project Officer Student 	Student	Project Officer

* **Original receipts** – In case of partial reimbursement (only a portion of the amount on the receipt to be claimed), write comment on the original as “Payment to the value of \$[**amount**] has been reimbursed to [**Student Name**] by the Faculty of Health Sciences, The University of Sydney”.

5. Appendix

5.1. Honours Students Reimbursement Claims Process

5.2. Honours Grant Application form

5.3. Honours Grant Claim for Reimbursement of Expenses form

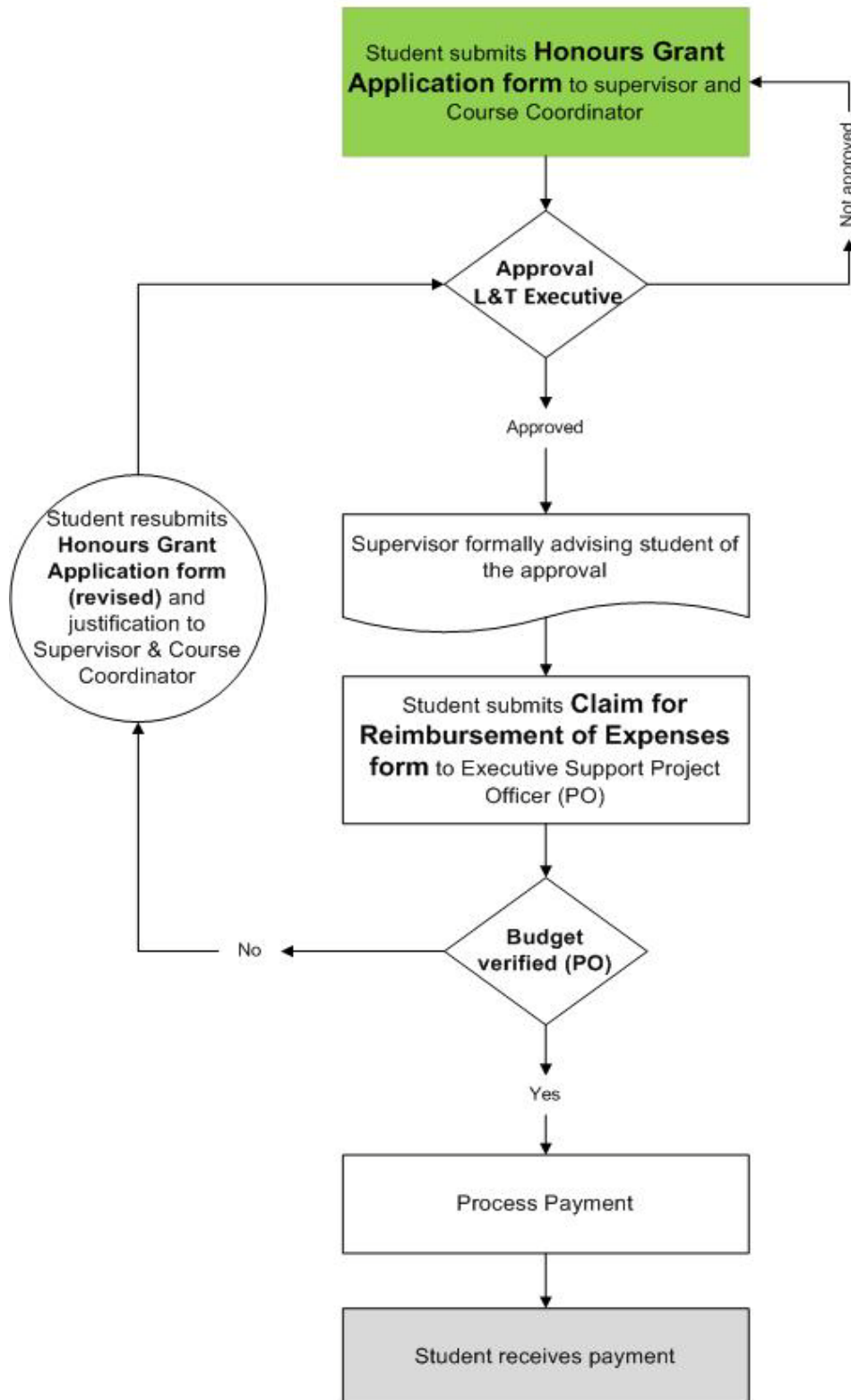
5.4. Vendor EFT Details – Australia

5.5. Payment Request (**Office Use Only**)

http://www.finance.usyd.edu.au/docs/payment_request.xls



Appendix 1 Honours Students Reimbursement Claims Process





The University of Sydney
Faculty of Health Sciences

Appendix 2
Honours Grant Application form

Original Revised

Details

Student Name	
Student ID No.	
Student Address	
Student Phone No.	Home: Mobile:
Student Email	
Discipline	
Undergraduate or Postgraduate	
Project Title	
Name of Supervisor	
Budget Total (\$)	(Not exceeding \$500.00)

Budget items and costs

	\$
	\$
	\$
	\$
	\$

Justification

Student Signature:	Date:
Supervisor (print name):	Date:
Supervisor (signature):	Date:
Course Coordinator (print name):	Date:
Course Coordinator (signature):	Date:
Budget approved.	
Signature: _____	Date: _____
Name: Associate Dean, Learning & Teaching	



The University of Sydney
Faculty of Health Sciences

Appendix 3

Honours Grant Claim for Reimbursement of Expenses form

Student Name	
Student ID Number	
Phone Number(s)	Home: Mobile:
Email address	
Postal Address	
Is this your first request for reimbursement? If YES, please complete the Electronic Funds Details form (Appendix 3) and attach to the Claim for Reimbursement of Expenses form	<input type="checkbox"/> YES <input type="checkbox"/> NO (please tick)
Honours Project Title	
Have you written on each receipt what you are claiming for reimbursement? PLEASE ENSURE YOU ATTACH ALL ORIGINAL RECEIPTS.	<input type="checkbox"/> YES <input type="checkbox"/> NO (please tick)
Total amount requested in this claim	\$
Name of Honours Supervisor(s)	

Please return form(s) to: Project Officer

Please photocopy form for future use



**The University of Sydney
Faculty of Health Sciences**

Appendix 4

Vendor EFT Details - Australia

University of Sydney Vendor ID

Business Name/Vendor Name

Student ID (if applicable)

Name of Financial Institution (ie. Westpac, NAB, Commonwealth, etc)

Address/Branch of Financial Institution

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

Account Number () () () () () () () () () ()

Name of Account (ie. John Smith; ABC Company Pty Ltd)

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 to Central Accounts Payable, The University of Sydney.
- 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.

Title: _____ Name: _____

Phone: _____ Signature: _____

FAX: _____ Date: _____

**Office Use:
Please return this form to:**

Central Accounts Payable
Financial Operations and Systems, K07
The University of Sydney NSW 2006

Appendix 5

Payment Request (Office Use Only): http://www.finance.usyd.edu.au/docs/payment_request.xls

The University of Sydney		<input type="checkbox"/> PAYMENT REQUEST		Request No: <input style="width: 100px;" type="text"/>					
Section 1 DETAILS - to be completed by person requesting EFT or TT				Administration Use					
Pay To: <input style="width: 300px;" type="text"/> <small>Vendor Name in Full - (BLOCK Letters)</small>		Phone: <input style="width: 100px;" type="text"/>		Voucher No: <input style="width: 100px;" type="text"/>					
Address: <input style="width: 300px;" type="text"/> <small>Address in Full (BLOCK Letters)</small>		Postcode: <input style="width: 100px;" type="text"/>		Voucher Date: <input style="width: 100px;" type="text"/>					
ABN: <input style="width: 100px;" type="text"/>		Please tick one: <input type="checkbox"/> EFT (In Australia) <input type="checkbox"/> TT (Overseas)		Vendor ID: <input style="width: 100px;" type="text"/>					
Student/Staff Number: <input style="width: 100px;" type="text"/>		Comments or Special Instructions:							
Due Date for Payment: <input style="width: 100px;" type="text"/>		For EFT or TT payments please complete one of the forms below with bank details and attach to this form.							
Please tick relevant items below <input type="checkbox"/> SDO/A Form Submitted for Travel - Copy Attached <input type="checkbox"/> Support Documentation Attached		<ul style="list-style-type: none"> • Vendor EFT Details (Australia) • Vendor TT Details (Overseas) • Vendor Create/Amend (Australia) • Vendor Create/Amend (Overseas) 							
GST Status must be shown: T for GST Taxable, F for GST-Free, O for Out-of-Scope, IT for Input Taxed									
Particulars		AMOUNT (GST inclusive)	GST T/F/O/IT	GST	AMOUNT (GST exclusive)	Class	RC	Project	Analysis Code
		\$ -	T	\$ -	\$ -				
		\$ -	T	\$ -	\$ -				
		\$ -	T	\$ -	\$ -				
		\$ -	T	\$ -	\$ -				
		\$ -	T	\$ -	\$ -				
		\$ -	T	\$ -	\$ -				
		\$ -	T	\$ -	\$ -				
Completed By:		TOTAL		\$ -	\$ -				
Name: <input style="width: 150px;" type="text"/> <small>(BLOCK Letters)</small>		Department: <input style="width: 150px;" type="text"/>		Building Code: <input style="width: 50px;" type="text"/>		Phone: <input style="width: 100px;" type="text"/>			
Section 2 APPROVAL / CERTIFICATION OF PAYMENTS - to be completed in accordance with University policies and procedures									
I approve this expenditure in terms of my delegation of authority									
<input style="width: 150px;" type="text"/> <small>Delegated Position (BLOCK Letters)</small>			<input style="width: 50px;" type="text"/> <small>Phone</small>		_____ <small>Signature</small>			_____ <small>Date</small>	
I certify as to satisfactory performance of the service / provision of the goods									
<input style="width: 150px;" type="text"/> <small>Name of Certifying Officer (BLOCK Letters)</small>			<input style="width: 50px;" type="text"/> <small>Phone</small>		_____ <small>Signature</small>			_____ <small>Date</small>	
Section 3 FBT DECLARATION - ONLY to be completed in cases where FBT is payable by the University on any part of this transaction									
The above expenses were incurred by me during the period <input style="width: 50px;" type="text"/> to <input style="width: 50px;" type="text"/> for the following purpose(s): <input style="width: 200px;" type="text"/>									
Other FBT Expense Payment ONLY <input style="width: 50px;" type="text"/>			The percentage incurred on University Business was: <input style="width: 50px;" type="text"/>						
FBT Entertainment Expense ONLY <input style="width: 50px;" type="text"/>			Total number of persons present: <input style="width: 50px;" type="text"/>			Number of University Staff present: <input style="width: 50px;" type="text"/>			
<input style="width: 150px;" type="text"/> <small>Name of person claiming payment</small>			<input style="width: 50px;" type="text"/> <small>Phone</small>		_____ <small>Signature</small>			_____ <small>Date</small>	

Finance and Accounting Manual