

## CLAIM FORM FOR SPECTACLES FOR COMPUTER USE

Only VPS staff are eligible to claim for reimbursement of their glasses every two years. The policy exists as part of an agreement with the CPSU. When submitting a claim request you are required to supply all information listed on this sheet for fast and effective reimbursement of the funds.

The reimbursement covers spectacles specifically for use on computers. It does not cover glasses that are required to be worn all the time for specific vision problems.

NAME	
HOME ADDRESS	
PIN NO./RECORD NO.	
BANK NAME	
BANK ACCOUNT NAME (i.e. Your name, or yours and a partners)	
BSB NUMBER	
BANK ACCOUNT NUMBER	
DO YOU HAVE PRIVATE HEALTH INSURANCE?	
IF SO HOW MUCH WERE YOU REIMBURSED? *	

\*Any monies reimbursed from a Private Health Cover fund will be deducted from the DEECD refund.

### **Other Information:-**

- Attach original itemized receipt stating prices of frames and lenses.
- DEECD will refund the entire cost of the lenses but only \$60 of the frame cost. Also note that coatings and tinting on lenses are not claimable and only one pair of spectacles can be claimed.
- A claim for spectacles can be made every two years.
- Eye Testing Consultations are not claimable. They are available through your optometrist under Medicare.
- The refund will be paid into your nominated bank account. An advice of payment notice will be posted to your home address.

Please forward this claim form to Priska Wyrsh, OHS Unit, DEECD, GPO Box 4367, Melbourne 3001. Phone 9637 2371 for further enquiries.

# PERSONAL EXPENSES CLAIM FORM



Surname (USE BLOCK LETTERS) .....		First Given Name and Initials .....	
Address .....			
		Postcode .....	
PIN	<input type="text" value="P"/>	CLASSIFICATION	<input type="text"/>
<small>(P= VPS Public Servant)</small>		<small>(e.g. VPSG2, EO3)</small>	

If you have changed your **address or bank details** since submission of your previous claim or this is your first claim, mark box with X.

Vendor No. (8)	Claim Date (7) DD-Mon-YY	Claim Number/Reference	Financial Year (4)
			/
DESCRIPTION			

GST		CHARGING CODE					
GST TAX CODE	TAX INCLUSIVE Y/N	AMOUNT \$	ENTITY (2)	BUSINESS UNIT (4)	ACCOUNT (5)	PROJECT (6)	SCHOOL SITE (4) <small>(FACX &amp; ITD use only)</small>
		.					
		.					
		.					
		.					

DETAILS OF PRIVATE VEHICLE	SUMMARY OF EXPENSES CLAIMED <small>PLEASE PROVIDE COMPLETE DETAILS ON REAR OF FORM</small>	AMOUNT \$
Make (eg. Toyota Camry) .....	Distance Allowance ..... Kms Rate .....	
Model (eg. SE, CSI, GL) .....	Personal Expenses (receipts to be attached) .....	
Car Registration No. ....	Fares (receipts to be attached) .....	
Year of Manufacture .....	Other Exps. (receipts to be attached) .....	
Engine Capacity (PMU/CC) .....	Less amount of advance: .....	
Are you the registered owner of the vehicle? .....	AMOUNT: .....	
If not, who is the owner? .....	Dollars	
Relationship to claimant? .....	Cents      \$	

**Signature of Claimant** ..... Date    /    /

I certify, that the expenses claimed are for official purposes only, have been incurred and authorised, and that to my knowledge, these expenses have not or will not be paid by the department in any manner or by any other person.

**Authorising Officer/Approval for Payment**

Signature .....

Title .....

Date    /    /

I certify that this account has been checked and found to be correct.

- the expenses are in accordance with the department's Personal Expenses Guide
- I have the delegation to charge costs to this general ledger code.
- I have sufficient budgetary funds available.
- vendor details and amounts are correct.
- relevant original invoices/receipts are attached and for business purposes.

I certify that this account is true and correct.

**Certifying Officer** .....

(Corporate Services Division only)

Date ...../...../.....

I certify that I have checked this account in accordance with the department's Personal Expenses Guidelines and all rates, calculations and additions are correct.

**Signature of Officer Preparing Claim** .....

Date ...../...../.....

