

EXPENSE CLAIM POLICY (WITH CLAIM FORM)

1. COMMENCEMENT OF POLICY

- 1.1 This Expense Claim Policy (Policy) will commence from 15/11/2021. It replaces all other expense claim policies of Macquarie Grove Homes ('MGH') (whether written or not).

2. PURPOSE OF POLICY

- 2.1 This Policy covers MGH's procedure for the reimbursement of expenses incurred by employees in the performance of their duties for MGH.

3. APPLICATION OF POLICY

- 3.1 This Policy applies to employees of MGH. It does not form part of any employee's contract of employment.

4. REIMBURSEMENT OF EXPENSES

- 4.1 Reasonable costs incurred by an employee wholly as a result of their employment with MGH may be reimbursed, in accordance with this Policy. Employees are expected to exercise good judgment and discretion with respect to all business expenses and may, in certain circumstances (at the absolute discretion of MGH), be directed to obtain the authorisation of MGH prior to incurring business related expenses.
- 4.2 The reimbursement of expenses incurred in the conduct of MGH's business is subject to the discretion of MGH. MGH will not reimburse excessive or unreasonable expenses incurred.

5. PROCEDURAL REQUIREMENTS

- 5.1 Claims must be supported by appropriate documentation/receipts and authorised by Carina Ferguson.
- 5.2 Claims in excess of \$50 must first be approved by Carina Ferguson, prior to incurring any expense.
- 5.3 Where you have incurred entertainment expenses in the course of your duties, reimbursement for such expenses is limited to a maximum of \$100, unless approval is sought from Carina Ferguson prior to incurring the expense.
- 5.4 The Expense Claim Reimbursement Form must be completed by an employee and approved by Carina Ferguson. All receipts must be submitted in order to request reimbursement of expenses. If MGH has provided you with a credit or debit card, you will be required to use that card when incurring work related expenses, and in accordance with MGH's terms of use.
- 5.5 Employees must ensure that sufficient information is provided to support the reimbursement of expenses. At a minimum, this should include:
- (a) the date on which the expense was incurred;
 - (b) the purpose for which the expense was incurred;

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- (c) where the expense was incurred (for example, the location of the store where an item was purchased);
 - (d) if pre-approval is required, who approved the expense;
 - (e) amount of the expense incurred, including the amount of GST or other taxes and charges payable on the amount (eg a service charge for the use of a credit card);
 - (f) any invoices, receipts or other documentation that you have relating to the expense; and
 - (g) any other additional information or documentation that MGH requests at the time that you seek reimbursement for the expense incurred.
- 5.6 If you are unable to provide any of the information above (for example, because you have lost a receipt), or you are otherwise unable to provide the information to the standard required by MGH, your claim for reimbursement may be refused. In such circumstances, you may be required to sign a Statutory Declaration prior to MGH accepting your claim for reimbursement.
- 5.7 If you fail to seek reimbursement for expenses from MGH within 2 Months, MGH may in its discretion refuse to accept your claim for reimbursement of expenses.
- 5.8 If MGH accepts your claim for reimbursement, MGH will reimburse you for those approved expenses, in your next usual pay period.

Variations

MGH reserves the right to vary, replace or terminate this policy from time to time.

Expense Reimbursement Claim Form

Important: Receipts/Tax invoices must be attached to this form

NAME

DATE

Nature of Expenses	Date expense incurred	Purpose for which expense was incurred	Where expense was incurred (if applicable - eg store name)	Who approved the expense (provide full name and position title)	Amount \$	GST \$	Total \$
Mobile/Home Phone – Business							
Home Newspapers							

<p>Motor Vehicle Expenses (provide details below):</p> <p>1. Reg. No: _____</p> <p>—</p> <p>2. Kms travelled: _____</p> <p>—</p> <p>3. Engine capacity: _____</p> <p>—</p> <p>4. Odometer reading before and after trip: _____</p> <p>—</p> <p>_____</p> <p>—</p>							
<p>Parking and tolls (provide details)</p> <p>_____</p> <p>—</p> <p>_____</p> <p>—</p>							

Parking and tolls FBT							
Entertainment (Give details on separate form below) *							
Taxis – business (provide trip details) _____ – _____ – _____ –							
Publications							
Advertising							
Staff amenities							
Other (specify):							
TOTAL AMOUNT (\$):							

Declaration

In submitting this form, I declare all expenses are related to the proper performance of my duties with MGH.

Employee _____ Date _____
 Signature _____
 Signature _____ Date _____
 of _____
 approver _____
 (Please print name of _____
 Approver) _____

***Entertainment Details**

Important: Receipts/Tax invoices must be attached to this form

Date	Venue	Names	Client/Company Name	Amount (\$)

			TOTAL AMOUNT (\$):	

Declaration

In submitting this form, I declare all expenses are related to the proper performance of my duties with MGH.

Signed _____ Date _____

Signature of _____ Date _____
of
approver _____

(Please print name of
Approver) _____