

### **EXPENSE CLAIM POLICY (WITH CLAIM FORM)**

#### 1. COMMENCEMENT OF POLICY

1.1 This Expense Claim Policy (Policy) will commence from 6/1/2020. It replaces all other expense claim policies of Human Resources Focus ('HR Focus') (whether written or not).

#### 2. PURPOSE OF POLICY

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

#### 3. APPLICATION OF POLICY

3.1 This Policy applies to employees of HR Focus. 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 HR Focus 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 HR Focus), be directed to obtain the authorisation of HR Focus prior to incurring business related expenses.
- 4.2 The reimbursement of expenses incurred in the conduct of HR Focus's business is subject to the discretion of HR Focus. HR Focus will not reimburse excessive or unreasonable expenses incurred.

## 5. PROCEEDURAL REQUIREMENTS

- 5.1 Claims must be supported by appropriate documentation/receipts and authorised by Belinda McLean.
- 5.2 Claims in excess of Belinda McLean must first be approved by Stephen Pauley, 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 Belinda McLean prior to incurring the expense.
- 5.4 The Expense Claim Reimbursement Form must be completed by an employee and approved by Belinda McLean. All receipts must be submitted in order to request reimbursement of expenses. If HR Focus 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 HR Focus'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;

| Document Title: Expense Claim Policy |  |  | Authorised by: Belinda McLean |             |  |
|--------------------------------------|--|--|-------------------------------|-------------|--|
| Document #: POL010                   | Document #: POL010 Version #: 1 Issue Date: 6/1/2020 |  | Revision Date: 6/1/2021       | Page 1 of 7 |  |

- (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 HR Focus 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 HR Focus, your claim for reimbursement may be refused. In such circumstances, you may be required to sign a Statutory Declaration prior to HR Focus accepting your claim for reimbursement.
- 5.7 If you fail to seek reimbursement for expenses from HR Focus within 2 Months, HR Focus may in its discretion refuse to accept your claim for reimbursement of expenses.
- 5.8 If HR Focus accepts your claim for reimbursement, HR Focus will reimburse you for those approved expenses, in your next usual pay period.

### **Variations**

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

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|--------------------------------------|--------------|----------------------|-------------------------------|-------------|--|
| Document #: POL010                   | Version #: 1 | Issue Date: 6/1/2020 | Revision Date: 6/1/2021       | Page 2 of 7 |  |

## **Expense Reimbursement Claim Form**

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

| NAME | DATE |
|------|------|
|      |      |
|      |      |

| Nature of<br>Expenses              | Date expens e incurre d | Purpose<br>for<br>which<br>expens<br>e was<br>incurre<br>d | Where expense was incurred (if applicabl e - eg store name) | Who approve d the expense (provide full name and position title) | Amoun<br>t<br>\$ | GS<br>T<br>\$ | Tota<br>I<br>\$ |
|------------------------------------|-------------------------|--|---|--|------------------|---------------|-----------------|
| Mobile/Home<br>Phone –<br>Business |                         |  |   |  |                  |               |                 |
| Home<br>Newspapers                 |                         |  |   |  |                  |               |                 |

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|--------------------------------------|--------------|----------------------|-------------------------------|-------------|--|
| Document #: POL010                   | Version #: 1 | Issue Date: 6/1/2020 | Revision Date: 6/1/2021       | Page 3 of 7 |  |

# H·R·F • C U S

| Motor Vehicle    |  |  |  |  |
|------------------|--|--|--|--|
| Expenses         |  |  |  |  |
|                  |  |  |  |  |
| (provide details |  |  |  |  |
| below):          |  |  |  |  |
|                  |  |  |  |  |
|                  |  |  |  |  |
| 1. Reg. No:      |  |  |  |  |
|                  |  |  |  |  |
|                  |  |  |  |  |
| _                |  |  |  |  |
|                  |  |  |  |  |
|                  |  |  |  |  |
| 2. Kms           |  |  |  |  |
| travelled:       |  |  |  |  |
|                  |  |  |  |  |
|                  |  |  |  |  |
|                  |  |  |  |  |
|                  |  |  |  |  |
|                  |  |  |  |  |
| 3. Engine        |  |  |  |  |
| capacity:        |  |  |  |  |
| capacity.        |  |  |  |  |
|                  |  |  |  |  |
|                  |  |  |  |  |
| _                |  |  |  |  |
|                  |  |  |  |  |
| 4. Odometer      |  |  |  |  |
|                  |  |  |  |  |
| reading before   |  |  |  |  |
| and after trip:  |  |  |  |  |
|                  |  |  |  |  |
|                  |  |  |  |  |
| _                |  |  |  |  |
|                  |  |  |  |  |
|                  |  |  |  |  |
| _                |  |  |  |  |
|                  |  |  |  |  |
| Parking and      |  |  |  |  |
|                  |  |  |  |  |
| tolls (provide   |  |  |  |  |
| details)         |  |  |  |  |
|                  |  |  |  |  |
|                  |  |  |  |  |
| ·———             |  |  |  |  |
|                  |  |  |  |  |
| _                |  |  |  |  |
|                  |  |  |  |  |
| _                |  |  |  |  |
| Darking and      |  |  |  |  |
| Parking and      |  |  |  |  |
| tolls FBT        |  |  |  |  |
|                  |  |  |  |  |
|                  |  |  |  |  |

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|--------------------------------------|--------------|----------------------|-------------------------------|-------------|--|
| Document #: POL010                   | Version #: 1 | Issue Date: 6/1/2020 | Revision Date: 6/1/2021       | Page 4 of 7 |  |

## $H \cdot R \cdot F \odot C U S$

| Entertainment<br>(Give details on<br>separate form<br>below) * |  |  |  |  |
|--|--|--|--|--|
| Taxis –<br>business<br>(provide trip<br>details)               |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Publications   |  |  |  |  |
| Advertising  |  |  |  |  |
| Staff amenities  |  |  |  |  |
| Other (specify):   |  |  |  |  |
|  |  |  |  |  |
| TOTAL<br>AMOUNT (\$):  |  |  |  |  |

## **Declaration**

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

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| Document #: POL010                   | Version #: 1 | Issue Date: 6/1/2020 | Revision Date: 6/1/2021       | Page 5 of 7 |  |

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| Employee<br>Signature           | Date |
|---------------------------------|------|
| Signature of approver           | Date |
| (Please print name of Approver) |      |

## \*Entertainment Details

\_Important: Receipts/Tax invoices must be attached to this form

| Date | Venue | Names | Client/Company Name | Amount<br>(\$) |
|------|-------|-------|---------------------|----------------|
|      |       |       |                     |                |
|      |       |       |                     |                |
|      |       |       |                     |                |
|      |       |       |                     |                |
|      |       |       |                     |                |
|      |       |       |                     |                |
|      |       |       |                     |                |
|      |       |       |                     |                |
|      |       |       |                     |                |
|      |       |       | TOTAL AMOUNT (\$):  |                |

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| Document #: POL010                   | Version #: 1 | Issue Date: 6/1/2020 | Revision Date: 6/1/2021       | Page 6 of 7 |  |



## Declaration

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

| Signed                     |         |  | Date |  |
|----------------------------|---------|--|------|--|
| Signature of approver      |         |  | Date |  |
| (Please print<br>Approver) | name of |  |      |  |

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| Document #: POL010                   | Version #: 1 | Issue Date: 6/1/2020 | Revision Date: 6/1/2021       | Page 7 of 7 |  |