

Expense claim form

1. Participant / Worker / Client details

Date

Participant number or claim number

Participant / Worker / Client's name

Payment to be made to: ☐ Participant / Worker / Client ☐ Other person

If payment is for another person, what their relationship to the participant / worker / client?

Confirm Bank account details:

☐

Please use the bank account details previously provided to icare

☐

This is the first time I have made an expense claim or my bank account details have changed.
I have attached a completed EFT details form.

2. Person requesting out-of-pocket reimbursement details

Person's name (if not a participant / worker / client)

Address

Town

State


Postcode

Phone

Mobile

Email (we will send the remittance advice electronically to the email address you supply)

3. Details of out-of-pocket expenses

 Supporting receipts or tax invoices must be attached.
For travel claims, please also attach the travel log.

Date	Brief Description			Amount	Receipt attached	
					Yes	No
Does this need to be paid in a currency other than Australian Dollars (AUD)?				Total:	Currency (if not AUD):	
	Yes		No			

4. Submitted by (name must match the person identified in section 1 or 2)

Name

Signature

Date

5. Return to

Accounts Payable

GPO Box 4052
Sydney NSW 2001

Email this form to:

care-expenseclaim@icare.nsw.gov.au

Phone: [1300 416 829](tel:1300416829)



If you'd like to confirm what bank account information is held by icare, you can contact the Care Finance team by phone: [1300 416 829](tel:1300416829)

For all other enquiries you can speak with your icare contact or call the general enquiries line by phone: [1300 738 586](tel:1300738586)

icare

GPO Box 4052, Sydney NSW 2001

General Phone Enquiries: [1300 738 586](tel:1300738586)

Email: care-requests@icare.nsw.gov.au

www.icare.nsw.gov.au