
EXPENSE CLAIM POLICY (WITH CLAIM FORM)

1. COMMENCEMENT OF POLICY

1.1 This Expense Claim Policy (Policy) will commence from 20/07/2020. It replaces all other expense claim policies of Vertec Roofing ('Vertec') (whether written or not).

2. PURPOSE OF POLICY

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

3. APPLICATION OF POLICY

3.1 This Policy applies to employees of Vertec. 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 Vertec 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 Vertec), be directed to obtain the authorisation of Vertec prior to incurring business related expenses.

4.2 The reimbursement of expenses incurred in the conduct of Vertec's business is subject to the discretion of Vertec. Vertec will not reimburse excessive or unreasonable expenses incurred.

5. PROCEEDURAL REQUIREMENTS

5.1 Claims must be supported by appropriate documentation/receipts and authorised by Trent & Kirby Wright.

5.2 Claims in excess of \$250 must first be approved by Trent Wright, prior to incurring any expense.

5.3 Expenses claims & receipts are to be emailed to accounts@vertecroofing.com.au or SMS to Accounts on 0423 412 644. Do not email Kirby.

5.4 All receipts must be submitted in order to request reimbursement of expenses. If Vertec has provided you with a credit/debit, Bunnings or Caltex cards, you will be required to use that card when incurring work related expenses, and in accordance with Vertec'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) any invoices, receipts or other documentation that you have relating to the expense; and
- (b) any other additional information or documentation that Vertec 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 Vertec, your claim for reimbursement may be refused. In such circumstances, you may be required to sign a Statutory Declaration prior to Vertec accepting your claim for reimbursement.
- 5.7 If you fail to seek reimbursement for expenses from Vertec within 2 Months, Vertec may in its discretion refuse to accept your claim for reimbursement of expenses.
- 5.8 If Vertec accepts your claim for reimbursement, Vertec will reimburse you for those approved expenses, in your next usual pay period.
- 5.9 Expenses will be processed each Wednesday or earlier as required.

Variations

Vertec 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>2. Kms travelled: _____</p> <p>3. Engine capacity: _____</p> <p>4. Odometer reading before and after trip: _____ _____</p> | | | | | | | |
| <p>Parking and tolls (provide details)</p> <p>_____ _____</p> | | | | | | | |
| <p>Parking and tolls FBT</p> | | | | | | | |
| <p>Entertainment (Give details on separate form below) *</p> | | | | | | | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 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 Vertec.

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 (\$) |
|------|-------|-------|---------------------------|-------------|
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | TOTAL AMOUNT (\$): | |

Declaration

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

Signed _____ Date _____
 Signature _____ Date _____
 of _____
 approver _____

(Please print name of
Approver)
