

EXPENSE CLAIM POLICY (WITH CLAIM FORM)

1. COMMENCEMENT OF POLICY

- 1.1 This Expense Claim Policy (Policy) will commence from 2/11/2021. It replaces all other expense claim policies of Vision Kitchens & Joinery ('Vision Kitchens') (whether written or not).

2. PURPOSE OF POLICY

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

3. APPLICATION OF POLICY

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

5. PROCEEDURAL REQUIREMENTS

- 5.1 Claims must be supported by appropriate documentation/receipts and authorised by Franco Nasso.
- 5.2 Claims in excess of \$100 must first be approved by Franco Nasso, 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 Franco Nasso prior to incurring the expense.
- 5.4 The Expense Claim Reimbursement Form must be completed by an employee and approved by Franco Nasso. All receipts must be submitted in order to request reimbursement of expenses. If Vision Kitchens 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 Vision Kitchens'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 Vision Kitchens 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 Vision Kitchens, your claim for reimbursement may be refused. In such circumstances, you may be required to sign a Statutory Declaration prior to Vision Kitchens accepting your claim for reimbursement.
- 5.7 If you fail to seek reimbursement for expenses from Vision Kitchens within 2 Months, Vision Kitchens may in its discretion refuse to accept your claim for reimbursement of expenses.
- 5.8 If Vision Kitchens accepts your claim for reimbursement, Vision Kitchens will reimburse you for those approved expenses, in your next usual pay period.

Variations

Vision Kitchens 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>						
<p>Parking and tolls FBT</p>						

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 Vision Kitchens.

Employee
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 (\$)
			TOTAL AMOUNT (\$):	

Declaration

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

Signed _____ Date _____

Signature _____ Date _____
of
approver _____

(Please print name of
Approver) _____