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**EXPENSE CLAIM POLICY (WITH CLAIM FORM)****1. COMMENCEMENT OF POLICY**

1.1 This Expense Claim Policy (Policy) will commence from 1/2/2021. It replaces all other expense claim policies of Crystele Homes ('CDH') (whether written or not).

**2. PURPOSE OF POLICY**

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

**3. APPLICATION OF POLICY**

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

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

**5. PROCEEDURAL REQUIREMENTS**

5.1 Claims must be supported by appropriate documentation/receipts and authorised by Daniel Lettieri.

5.2 Claims in excess of Daniel Lettieri must first be approved by Daniel Lettieri, 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 Daniel Lettieri prior to incurring the expense.

5.4 The Expense Claim Reimbursement Form must be completed by an employee and approved by Daniel Lettieri. All receipts must be submitted in order to request reimbursement of expenses. If CDH 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 CDH'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;



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

## Variations

*CDH 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):							
<b>TOTAL AMOUNT (\$):</b>							

**Declaration**

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

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 (\$)
			<b>TOTAL AMOUNT (\$):</b>	

**Declaration**

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

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of approver \_\_\_\_\_ Date \_\_\_\_\_

(Please print name of  
Approver)

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