

## CLAIM REQUEST FOR TRAINING RELATED COSTS

Grant Holder Name:	
Grant Holder ID:	
Grant Holder Address	
Day Time Phone	
Description of Item/s Claimed	
Amount of Claim	

**\*Attach a copy of your bank statement showing Name of bank, BSB and Account number if EFT payment is required otherwise you will receive a cheque.**

### Course details relating to claim

Name of Course:			
Training Provider:		Total Course Hours	
Course Start Date:		Course End Date:	

**Checklist:**

- € Enclosed original receipts for amount claimed
- € Highlighted (or marked in some way) the items being claimed
- € Signed and dated on reverse
- € Enclosed a book list/ requirement list for training related claims
- € I have not previously made a claim for this expense

**Signature of parent:** \_\_\_\_\_  
 (Claim MUST be signed otherwise it will be returned back to you).

<input checked="" type="checkbox"/> <b>Mail to</b> Victoriaworks for parents returning to work AMES Education GPO Box 4728 Melbourne 3001	<i>Admin Use Only</i> Approved amount _____ Creditor Id requested _____ Creditor Id _____ Processed _____
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