

Disbursement funding Reimbursement form

This form should be completed by pro bono providers from Australia seeking reimbursement for expenses incurred for international travel for a CAPPB-facilitated project. Please ensure you include all receipts/invoices for the expenses stated on this form including an itemised list of expenses incurred. Where purchases have been in foreign currency, please include a proof of purchase in AUD such as a corresponding credit card statement. Please read the [guidelines](#) before completing this form. For any further information, please contact the [CAPPB Secretariat](#).

▲ APPLICANT DETAILS

Name of organisation (if applicable)	
Name of representative	
Position	
Street address (if applicable)	
Postal address	
Telephone	
Fax	
Website	
Contact email	

▲ PROJECT DETAILS

Project title		
Project location (city, region, country)		
Project start date		
Project end date		
Please state why you (or your organisation) are unable to cover the costs associated with this project		
Estimated value of pro bono work to be provided in hours and Australian dollars		
Reimbursable costs	<i>Please provide receipts, invoices and proof of AUD conversion for overseas purchases (such as corresponding credit card statements) to confirm the expenses below.</i>	
Flights (Please note: only economy flights will be reimbursed, unless no other flights are available)	Accommodation (Please ensure this expense adheres to the CAPPB accommodation allowance rates)	Per diem expenses (Please ensure this expense adheres to the CAPPB per diem allowance rates)
Travel insurance (including medical cover)	Personal indemnity insurance	Visa costs
		TOTAL AMOUNT SOUGHT (AU\$)

DECLARATION

I _____ of _____ declare that:
(name) (position) (organisation, if any)

1. The funds sought in this application have been used to provide international pro bono legal work for the project identified within;
and
2. I have read and agreed to the [CAPPB Terms and Conditions](#).

Signature of applicant _____ Date ____ / ____ / ____

APPROVAL (to be completed by CAPPB Secretariat)

Documentation confirmed by Financial Controller

Approved by: _____

Signature _____ Date ____ / ____ / ____