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|  | UNIVERSITY OF SOUTH AUSTRALIA  **Finance Unit** | **Form FS56** |
| **UNAVAILABLE DOCUMENTARY EVIDENCE DECLARATION** | |

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| **INSTRUCTIONS** | | | | | | | | | | | |
| This form is not to be used for Staff Reimbursement Claims. (Please use a [Statutory Declaration](http://w3.unisa.edu.au/fin/forms/Stat.doc) for Staff Reimbursements).This declaration must be completed in accordance with [UniSA Credit Card Policy.](https://www-p.unisa.edu.au/fin/policies/creditcard_policy.pdf)   1. This declaration must be completed and signed by the cardholder. 2. This declaration must be authorised by the cardholder’s Approving Manager. 3. This declaration must be attached to the Document Control Report. 4. All transactions related to this declaration must be coded as ‘F’ in ProMaster as GST cannot be claimed. | | | | | | | | | | | |
| **CARDHOLDER’S DECLARATION** | | | | | | | | | | | |
| In accordance with UniSA Credit Card Policy, | | | | | | | | | | | |
| I, | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | (print name) | |
| of | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | (School/Unit/Institute) | |
| declare that I have incurred the following University Corporate Credit Card expenses for which I am unable to provide documentary evidence. | | | | | | | | | | | |
| **Transaction Date** | | **Detailed Description**  **of Purchase/Expense** | | | **Business Purpose** | **Merchant** | | **Amount**  **in Local**  **Currency** | | **Indicate**  **Currency** | **Amount**  **in AUD** |
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|  | |  | | |  |  | |  | |  |  |
| I declare that documentary evidence related to these University Credit Card expenses was (please tick):  🞏 Lost or 🞏 Not Provided | | | | | | | | | | | |
|  | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | | Cardholder’s Signature | | | |  | | Date | | |
| **AUTHORISATION** | | | | | | | | | | | |
| I confirm that the above expenses were incurred on University business and that the Cardholder is unable to provide documentary evidence. | | | | | | | | | | | |
|  | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | | | Approving Manager’s Signature | | |  | | Date | | |
| Name *(please print)*: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Ext #: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Title: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

Revised: Dec 2012