Claim for Thesis Allowance

IMPORTANT INFORMATION

1. Candidates must check their scholarship conditions **before** submitting a claim form to confirm they are eligible.

2. The thesis allowance can only be claimed to assist with the costs of thesis production, mainly printing and binding. The following expenses are examples of costs that will **not** be reimbursed:
   - Proof-reading and editing
   - Printer ink cartridges
   - Postage
   - Invitations to exhibitions/performances

   **Note:** The Graduate Research Office reserves the right to refuse a claim where the expense is not considered directly related to production of your thesis.

3. **Maximum Claimable Amounts:**
   - Doctoral - $840
   - Masters - $420

   A maximum of 2 copies of your printed and bound thesis may be claimed
   A maximum of 3 copies of your printed and bound final thesis may be claimed

   **Note:** The final thesis copies are for your own personal or professional use only. Where an industry partner has supported your project it is understood that copies of your thesis should be provided to that industry partner. The Graduate Research Office and the Library no longer require printed copies at final submission point.

4. Claims must be lodged within 6 months of submitting your thesis and no more than 2 years after the termination of the scholarship.

5. Original receipts must be attached. Each receipt must advise the amount incurred, the service provided and the date that the expense was incurred.

6. Reimbursement will be made into the same bank account into which your scholarship payments were deposited. **Please note that this may take several weeks.**

7. Claims should be submitted to the Graduate Research Office at the address above.

CLAIMANT DETAILS

Candidate Name: _____________________________    ID: _____________________________

*I declare that the information supplied by me on this form is complete, true and correct in every particular and that all costs have been incurred by me.*

Signature: _____________________________    Date: _____________________________

CLAIM DETAILS

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<th>x Examination Copies</th>
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**TOTAL $___________**

**TOTAL $___________**

OFFICE USE ONLY

Account to be debited: __________.__________ __________.26131.0

Amount payable: $___________    Authorised Officer: _____________________________    Date: _____________________________

Last updated October 2015