**Claim for Reimbursement of Travel Expenses***[Please attach supporting receipts]*

|  |
| --- |
| **Details** |
| **Name:** | **Date:** |
| **Position/ Role:**  |
| **Use of Own Vehicle Reimbursement** **Origin: Destination: Return:**  |
| **Date:** | **From:** | **To:** | **To:** | **Km** |
| **Date:** | **From:** | **To:** | **To:** | **Km** |
| **Date:** | **From:** | **To:** | **To:** | **Km** |
| **Date:** | **From:** | **To:** | **To:**  | **Km** |
| **Total Kilometres** |  |
| **Rate per Km for person with car allowance**  | **26 cents** |
| **Rate for casual use of private vehicle**  | **66 cents** |
| **Reimbursement of Fares** *(taxi/train/plane) (please attach tax invoices)* |
| **Date:** | **Type:** | **From:** | **To:** | **Cost:** |
| **Date:** | **Type:** | **From:** | **To:** | **Cost:** |
| **Date:** | **Type:** | **From:** | **To:** | **Cost:** |
| **Total Cost** | **$** |
| **Cost Centre** |
| **Parish** | **🞏** | **Diocese of Grafton** | **🞏** | **Corp****Trustees** | **🞏** | **If the cost is to be split, please advise the percentage/cost:**  |
| **Diocese: Trustees:** |
| **Pay Disbursement** |
| **Use Bank details on file** | **🞏** | **Use below bank details** | **🞏** |  |
| **Bank and Branch:**  | **Account name:** |
| **BSB:** | \_ \_ \_ - \_ \_ \_ | **Account Number :** |
| **Employee Declaration** |
| I certify that all the details provided are true and correct |
| **Employee Signature:** | **Date:** |

|  |
| --- |
| **Authorisation** |
| **Signed:** | **Date:** |
| **Name:** | **Position:** |