

**ANGLICAN DIOCESE OF GRAFTON**

**PO Box 4 Grafton NSW 2460**

**Email: payroll@graftondiocese.org.au**

**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** | | | | | | | | | | | | | | | | | | | | | **30 cents** |
| **Rate for casual use of private vehicle** | | | | | | | | | | | | | | | | | | | | | **78 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:** | |