

PO Box 4 GRAFTON NSW 2460 02 6642 4122 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									
Date:	From:		То:				То:		Km	
Date:	From:		То:				То:		Km	
Date:	From:		To:				То:		Km	
Date:	From:		То:				То:			
Total Kilometres									Km	
Rate per Km for person with car allowance									32 cents	
Rate for casual use of private vehicle									85 cents	
Reimbursement of Fares (taxi/train/plane) (please attach tax invoices)										
Date:	Type: From:			-	То	То:		Cost:		
Date:	Type: From:				То	То:			Cost:	
Date:	Туре:	From:			То	То:		Cost:		
					•		Total Cost			
Cost Centre										
_	Diocese	Corp	, D	If the cost is to be split, please advise the percentage/cost:						
Parish	of Grafton	Trustees		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 S				Date:						
Authorisation										
Signed:							Date:			
Name:					Position:					