

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					32 cents
Rate for casual use of private vehicle					88 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:	