Anglican Diocese of Grafton

PO Box 4
GRAFTON
NSW 2460
02 6642 4122
admin@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	**32 cents**
			Rate for casual use of private vehicle	**91 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:**