2018 Ground Travel Expense Claim Form

Address: ______ Post Code: _____

Name: _____

PAYMENT

Phone: _____

Claims ABN and should	d a cost ind I the rece	MS: el MUST be accompanied veluding GST) Any claims with eipts exceed the amounts seements will be paid at the	out (a) an a set out belo	ppropriate w you will	tax receipt, WIL	L NOT be		let's	
	North V	Vest - North & return	\$40.00	South - North West & return			\$108.00		
	North -	South & return	\$75.00						
The above trips and 'to' and 'from' your home area. These also work in reverse order i.e. North- West – North is the same as North - North-West. Please complete the following:									
Date	Traveled TO- FROM				Amount	Being	eing For		
	(North, North-West or		south)		(\$)	(rour	(round number, event etc.		
-					TOTAL: \$				
Sign and date:									
OFFICE USE ONLY Expenses approved by: Total amount approved:									

All reimbursements will be paid by **Direct Deposit** (if this is an issue then please advise in space provided)

FORMS <u>MUST</u> be returned to Jo Marsh within <u>30days</u> of round umpired.