

CLAIM FORM

CLAIMANT'S NAME: _____

CLAIM DETAILS

ACTIVITY / MEETING # 1: _____ DATE: _____

DURATION: _____ MENTOR:

TRAVELLING TIME: _____ BOARD:

TOTAL HOURS CLAIMED: _____ GP:

MILEAGE

DISTANCE TRAVELLED ACTIVITY # 1: _____

TOTAL KM: _____ CENTS PER KM: _____ TOTAL COST: _____

ENGINE CAPACITY	KILOMETRE RATE
Up to 1,600 cc	58 cents
1,601 - 2,600 cc	69 cents
Over 2,600 cc	70 cents

CLAIM DETAILS

ACTIVITY / MEETING # 2: _____ DATE: _____

DURATION: _____ MENTOR:

TRAVELLING TIME: _____ BOARD:

TOTAL HOURS CLAIMED: _____ GP:

MILEAGE

DISTANCE TRAVELLED ACTIVITY # 2: _____

TOTAL KM: _____ CENTS PER KM: _____ TOTAL COST: _____

CLAIM DETAILS

ACTIVITY / MEETING # 3: _____ DATE: _____

DURATION: _____ MENTOR:

TRAVELLING TIME: _____ BOARD:

TOTAL HOURS CLAIMED: _____ GP:

MILEAGE

DISTANCE TRAVELLED ACTIVITY # 3: _____

TOTAL KM: _____ CENTS PER KM: _____ TOTAL COST: _____

OTHER EXPENSES INCURRED (Receipts must be attached when claiming the following items)

AIRFARES: _____ ACCOMMODATION: _____

TAXI FARES: _____ MEALS: _____

TOTAL COSTS

SIGNED: _____ DATE: _____ GRAND TOTAL: _____

