

**SYNOD ANNUAL MEETING 2016-17
MOTOR VEHICLE TRAVEL EXPENSES CLAIM FORM**



Date: ____/____/____

Name: _____

Address: _____

Congregation/Agency: _____

Contact No: _____ Email: _____

Date	Reason for Travel	Odometer reading (start of trip)	Odometer reading (end of trip)	Total Kms Travelled

Please Note

*The first 100 kilometers each way is at the members' expense. Thereafter, kilometers will be subsidized. **Please complete the above form with the actual kilometers from the Odometer Readings and the Accounts Department will deduct the 100kms each way on your claim.***

Please supply bank details if you would like the funds transferred directly into your account:

Name of Bank Account: _____

BSB No: _____

Account No: _____

Signature: _____

Authorised by: _____

Designation : _____

FOR OFFICE USE ONLY:

COST CENTRE : 7803-020-046

_____ km @ _____ cents/km = \$ _____

_____ km @ _____ cents/km = \$ _____

_____ km @ _____ cents/km = \$ _____

Cumulative Total = \$ _____