Travel Expenses Claim Form

WA Presbytery Meeting Attendance



Name:			/Date://	
Address: _				
Phone No:		Email:		
Meeting atte	ended (date):			
Date	From	То	Total KM	
Date	Accommodation		Cost	
Date	Accommodation		Cost	
Note:	1	'		
Kms Attende	es are encouraged to ca	rpool.		
	sidy of 40 cents per kilon 00kms are not reimburs		etres travelled in excess of 200kms	
Accommoda Presbytery m		ıraged to stay with family oı	r a friend or be billeted with another	
	odation subsidy of up to sake other arrangements.	\$200 for one night's accom	modation is available for those who	
	be lodged within one (1) accommodation to janine		Please return this form with any	
To have fund	ds paid directly into your	bank account, please suppl	ly bank details:	
Name of Ba	nk Account:			
BSB Numbe	er:	Account Number:		
Signature:		Authorised:	ŧ	
OFFICE USE ON	LY			
kilometro	es @ 40 cents per kilometre		\$	
Accommodation A	Allowance		\$	
Total			\$	

Account code: 38-7324