Travel Expense Claim Form





Annual Synod Meeting

Name:							
Address: Phone No: Email: Congregation: Cost Centre: 7038 020 084							
				Date	Reason for Travel	From	То
(Please complet	te)						
Accommodation	Refund Yes 🗌 N	o 🗌					
	travelling more than 100km r	•	may submit a request for a				
	ill be calculated at 85c/km fo arpool. An accommodation r						
Please return this	s form to general.secretary	@wa.uca.org.au					
To have funds pa	aid directly into your bank ac	ccount, please supply	bank details:				
Name of Bank A	Account:						
BSB Number: Account Number:							
Signature: Authorised:							
OFFICE USE OF	NLY						
	Kilometres @ 85	cents per kilometre	\$				
Accommodation Allowance			\$				
Cumulative Total			\$				