Travel and other Expenses Claim Form

YouthCARE

Form F_FIN_102

This form is used for claiming reimbursement of travel and other (non-motor vehicle) expenses

Date

Employee Name

Phone **E-mail**

School / District Council / Head Office

Period Start **Period Finish**

Employee Signature

District Council Treasurer / Finance Manager

Approval Signature

IMPORTANT NOTICE

By signing and submitting this form you agree that the requested expense claim is for the purposes stated in this form. This form must be athuorised by the District Council Treasurer for Chaplains and the Finance Manager for Head Office Employees. Failure to provide receipts with this Claim Form will result in the claim being cancelled. Please note you must supply a TAX invoice receipt with a valid ABN, state item purchased and the amount of GST payable. Creditcard receipts are not valid for reimbursements.

Expenses Claimed

Date of Travel	Description of item being claimed	Invoice No	Amount (inc GST)	GST	Total Expenses
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
				Total Claimed	$

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Mail to: PO Box 482, Morley 6943

Finance Only	
GL Code	Cost Centre
GST Code	