**Travel & Accommodation Costs Reimbursement Claim Form**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Reason for travel** |  |
| **Date/s of meetings / events** |  |
| **Travel Details (From – To)** |  |  |
| **Return travel** | **Yes:** [ ]  **No:** [ ]  |
|  |  |  **Amount** |
| Mode/s of travel | Private Vehicle |[ ]  $ |
|  | Train / Coach |[ ]  $ |
|  | Taxi / Uber |[ ]  $ |
|  | Air Travel |[ ]  $ |
| Other Charges | Parking |[ ]  $ |
|  | Tolls |[ ]  $ |
|  | Car Hire |[ ]  $ |
|  | Accommodation |[ ]  $ |
| **Total Claim:** | **$** |

I certify that the amounts claimed are either supported by Tax Invoices (attached) or are the actual costs that I have been or will be charged.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |   | Date: |  |

Bank Account details for reimbursement by EFT if not already provided:

|  |  |
| --- | --- |
| Account Name: |  |
| BSB: |  | Account No: |  |

Return to:

ACA Finance Officer

2/65 Tennant St

Fyshwick  ACT  2609

finance@croquet-australia.com.au

Office Use:

|  |  |  |  |
| --- | --- | --- | --- |
| Approved by: |  | Processed: |  |