Annex B to Australian Croquet Association Inc,

Travel & Accommodation Reimbursement Policy trading as Croquet Australia

ABN 90 330 745 920

**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 9/65 Tennant St Fyshwick ACT 2609 finance@croquet-australia.com.au Office Use:  |  |  |
| Approved by:  |   | Processed:  |   |