Logo

Description automatically generatedAnnex 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: |  |