

Community Transport:

Wollongong - Shellharbour

Aboriginal Transport - Individual Transport Driver Fortnightly Reimbursement & Statistics Form INVOICE

PO Box 693
Wollongong, NSW 2520
Ph: 1300 987 422
Fax: 4227 2641
www.ctws.com.au
ABN: 63 139 525 939

Name _____ Claim Date _____

I declare that my driver's licence, car insurance and registration are currently valid and that I have attached receipts for out of pocket expenses.

Signature _____ Supplier Number _____

	1	2	3	4
Date of trip				
Name of client				
Purpose				
Donation				\$

Total kms of trip				
Kms @ 80c/km				
Additional expenses				
Sub total				
Hours spent				\$

Km For Home to WCTP @ 80c/km

GRAND TOTAL

Account No: C296 600 000 1862

Approved _____ Date _____

1. Purpose of trip may be any of the following descriptions: Doctors Appointment, Hospital, Shopping Service, Other (please specify)
2. Additional expenses may include costs such as tolls and essential car parking on the presentation of receipts.
3. Hours spent includes time from leaving home until returning home.
4. Additional expenses such as meals and refreshments; maximum claim of \$10.00 for local trips and \$15.00 when travelling out of area, e.g. Sydney or Nowra on the presentation of receipts.

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