

# Community Transport:

Wollongong - Shellharbour

**Dementia Transport Mini Bus  
Fortnightly Volunteer Reimbursement Form  
INVOICE**

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

Name \_\_\_\_\_ Claim date \_\_\_\_\_

I declare that my driver's licence is currently valid and that I have attached receipts for out of pocket expenses.

Signature \_\_\_\_\_ Supplier No. \_\_\_\_\_

	A	B	C	D	E	F	G
Date							
Kilometres*							
Klms x 80 cents							
Additional Expenses** Please attach Receipts							
SUB TOTAL							

**TOTAL (A-G)**

Approved: \_\_\_\_\_ Date:        /        /

**Account No: C296 506 000 1862**

\* Kms from residence to place of bus pick up and return to residence

\*\* 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.