

Community Transport:

Wollongong - Shellharbour

**Group Transport
Fortnightly Bus Driver Reimbursement 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 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 502 000 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.