

Community Transport:

Wollongong - Shellharbour

**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 503 000 1862

Approved _____ **Date** _____

- Purpose of trip may be any of the following descriptions: Doctors Appointment, Hospital, Shopping Service, Other (please specify)
- Additional expenses may include costs such as tolls and essential car parking on the presentation of receipts.
- Hours spent includes time from leaving home until returning home.
- 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.