FORM - PCAQ-	TRAVEL CLAIM SUBSIDY FORM

***All Claims must be made within 90 days**

Name:_____

Postal Address:_____

_____ Post Code_____

Type of Activity: (Tick a box)

[ ] Assessment [ ] CIP Meeting [ ] RDC Meeting [ ] Judge/Course Design

[ ] EOB Meeting [ ] other (please specify) ……

Event……..... Date……

Travel Cost:

Total kilometres travelled _____ @ 50 cents per km $_____

Public Transport:_____ $ _____

Note: Official Day Judges, Course Designers should be paid a minimum amount of $40 per day.

Accommodation:

Number of Day:_____ $ _____

When billet is not available, meals & accommodation will be paid up to a maximum of $100 per day.

Out Of Pocket Expenses Will Be Met In Transit:

Out of pocket expenses claim: $ _____
Tolls, parking and other incidentals to travel

Motor vehicle travel over 200 kms each way a meal allowance of $10 will be paid whether driver or passenger. $_____

Total Value of claim payable by PCAQ $_____

Signed _____ Authorised _____ _____
Claimant Position

Date: _____ _____

MANDATORY
For GST compliant reasons receipts for the claimed cost must be attached to this form before payment can be made.

Payment Details: Account Name:_____(please print)

BSB | | | | | | | |

Account Number | | | | | | | | | | | | | | | | | | | | | |