



TRAVEL CLAIM SUBSIDY FORM

PO Box 293, Northgate Q. 4013
 Email: accounts@pcaq.asn.au

All Claims must be made within 60 days

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

Claimant (e.g. Event Secretary or Person)

Name: _____ Position (if applicable) _____

Email: _____

Day Contact Number: _____ Mobile: _____

Type of Activity: (Tick a box)

- Assessment
 RDC Meeting
 Judge/Course Design
 Executive Meeting
 other (please specify)

Event..... Venue..... Hosted by..... Date.....

Travel Cost:

Car: Total kilometres travelled _____ @ 50 cents per km \$ _____

From Address: _____

To Address: _____

Note: Official Day Judges, Course Designers, Chief Scorer should be paid a minimum amount of \$50 per day.

Public Transport: _____ \$ _____

Accommodation:

Number of Nights _____ \$ _____

When billet is not available, meals & accommodation will be paid up to a maximum of \$150 per day.

Out of Pocket Expenses Will Be Met In Transit:

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

For 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 _____ Dated: _____
 Claimant

Authorised by (Club/Zone/Region/PCQ): _____
 Print Name Signature

Position Held: _____ Dated: _____

Payment will be made by EFT: Please complete below details.

Account Name : _____ (please print)

BSB: _____ **A/C No:** _____

PCQ Office Use Only:

A/C No: _____ **Entered:** _____ **Paid:** _____ **Dated:** _____