TRAVEL CLAIM SUBSIDY FORM

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

***All Claims must be made within 60 days**

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 $_____
Note: Official Day Judges, Course Designers 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 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 _____ Date _____
Claimant

Authorised (Club/Zone/Region) _____ 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 | | | | | | | | | | | | | | | | | | | | |