**CATHOLIC ARCHDIOCESE OF MELBOURNE**

**TRAVEL REIMBURSEMENT CLAIM**

## NAME ………………………………………………..…... EMPLOYEE NO.………………………….. DATE …...…

**VEHICLE REG. NO. …………….. ENGINE CAPACITY (cc) ……………..DEPARTMENT ……….…………………**

| **DATE** | **DESTINATION**  | **TIME FROM** | **TIME** **TO** | **TOTAL HOURS****(in actual work)** | **KMS TO BE CLAIMED** | **COST CENTRE****DEPARTMENT** | **OFFICE****USE****ONLY** |
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|  |  |  | **TOTALS** |  |  |  |  |

**PAYMENT AUTHORISED**

**……………………………………. …………………… ……………………………………… ………….**

### Head of Department/Section Date Signature of Claimant Date