



TRAVEL CLAIM FORM

Employee Name: _____

SU QLD Line Manager Name: _____

Date of request (dd/mm/yyyy): ____ / ____ / _____

24th August 2017 is the deadline for accepting car travel reimbursement claims.
 For details on eligibility, please refer to the [SU QLD Conference Attendance Policy & Procedure - All SU QLD Employees](#)

Account Name: _____

BSB Number: ____ - ____ Account No: _____

Details of Travel Claim

Date	Origin	Destination	Kilometers (KMs)	= \$ COST
Motor Vehicle: 66 cents per KM			TOTAL COSTS:	

Passenger names: _____

Employee signature: _____

SU QLD FDM / Line Manager: _____ (Name) _____ (Signature)

Please email to staffconf@sugld.org.au