

MOTOR VEHICLE EXPENSES CLAIM FOR RELIGIOUS MEMBERS OF THE UNIVERSITY

| CLAIMANT'S DETAILS | | | |
|--------------------|------------|--------|--|
| SURNAME | GIVEN NAME | CAMPUS | ACCOUNT CODE (ESSENTIAL) |
| CONGREGATION: | | | _____ / _____ / _____ / _____ <small>Entity Project Source of Fund Natural Account</small> |

| | | |
|--------------|------------------|---|
| MAKE & MODEL | REGISTRATION No: | All Engine Types (conventional and electric) <input type="checkbox"/> 88c/km |
|--------------|------------------|---|

PLEASE NOTE: Payment is by Direct Credit via the University payroll to the account nominated by your congregation.

| JOURNEY DETAILS | | | | | | |
|-----------------|------|----|--------|-----|--------|------------------|
| DATE | FROM | TO | REASON | kms | Amount | (105) TOLL \$ |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL | | | | | \$ | \$ |

CLAIMANT DECLARATION

I declare this vehicle IS IS NOT part of a salary packaging agreement (Novated Lease).

CLAIMANT'S SIGNATURE DATE

AUTHORISATION

AUTHORISING EMPLOYEE'S SIGNATURE
(PEOPLE AND CAPABILITY DELEGATION 3.3)

AUTHORISING EMPLOYEE'S NAME
(PLEASE PRINT CLEARLY)

Please note: Staff with ACU network access should submit their claim for motor vehicle expenses using Staff Connect.