MOTOR VEHICLE EXPENSES CLAIM FOR RELIGIOUS MEMBERS OF THE UNIVERSITY

CLAIMANT'S DETAILS			
SURNAME **CONGREGATION:**	**GIVEN NAME**	**CAMPUS**	**ACCOUNT CODE (ESSENTIAL)** ____ /_____ /_____ /_____ Entity Project Source of Fund Natural Account

MAKE & MODEL	**REGISTRATION No:**	**All Engine Types (conventional and electric)** ☐ **91c/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.