

Mileage Claim Form



Organisation Name:
Month:

| Applicant Name | Contact Number | Date | Journey | | | Reason for Trip | Applicant Signature | Note |
|---------------------------------|----------------|------|---------|----|------------|-----------------|--|-----------|
| | | | From | To | Dist. (km) | | | |
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| | | | | | | | | |
| Total distance travelled | | | | | | | Mileage Claim Total (\$0.76/km) | \$ |

* These expenses have not been claimed from any other RSA or organisation
 * I understand and agree to being contacted to verify this summary for audit purposes

Name **Signature** **Date Submitted**
RSA Representative Name /position *Signed by RSA Representative* *DD/MM/YYYY*

PFT Use Only Below

| Comment | Total Approved |
|---------|----------------|
| | \$ |

Name **Signature** **Date Submitted**
PFT Grant Committee Representative *Signed by PFT Grant Committee Representative* *DD/MM/YYYY*