



Claimant Name: _____ Reimbursement for the Month Of: _____ 20__

Claimant Address: _____

Date	Reason for Reimbursement	Time Started	Time Finished	Hrs Worked	Lunch \$	Klm	Fares \$	Total
		Meal (Max \$12) only to be claimed after 5hrs Worked – receipt must be provided (Increase from 1 July 2015)						

Please attach all claim receipts to this form before submitting to your Coordinator for processing, thank you

Claimant Signature: _____ Date: _____ Checked By: _____ Date: _____