



CLAIM FOR MILEAGE AND OTHER TRAVELING ALLOWANCES

INSTRUCTIONS

- a) Travel details must be inserted on a daily basis. Claims showing a number of trips under a single line entry during a period are not acceptable. E.g. Return journeys require two entries to show actual distance travelled.
Km rates available on pg 156/157 of the Curtin EBA [http://hr.curtin.edu.au/local/docs/Enterprise_Agreement_2012 - 2016.pdf - Adobe Acrobat Pro.pdf](http://hr.curtin.edu.au/local/docs/Enterprise_Agreement_2012_-_2016.pdf_-_Adobe_Acrobat_Pro.pdf)
- b) Claims must be rendered monthly, in the ensuing month.
- c) Claims must be signed by the Head of School or equivalent.
- d) Claims submitted by a Head of School (or equivalent) must be signed by the Executive Dean.
- e) **All receipted items need to be processed through Concur. Kindly contact Concur Helpdesk.**

Claim forms not completed in the above manner will be returned for finalisation before payment is made.

STAFF ID	SURNAME	OTHER NAMES	DATE

SCHOOL/AREA: _____ POSITION _____

PURPOSE OF TRAVEL _____

COST CENTRE - - -

(no line items)

I certify that the expenditure was/is for official University business. Where a claim is being made for the use of a personal vehicle, no University transportation was available.

Signature of Claimant: _____

Date: _____

Signature of Authorising Officer
(Head of School or equivalent)

Name: _____
(Please print)

Date: _____

VEHICLE REGN. No: _____ MAKE: _____

MODEL: _____ CUBIC CM: _____

RADII FROM PERTH – KILOMETRES TRAVELLED

	RATE	TOTAL
METRO REGION KM - _____ KM @	c	\$
SOUTH WEST REGION - _____ KM @	c	\$
OTHER AREAS - _____ KM @	c	\$
Meals		\$
Other Allowances including Incidental Expenses & Camping Allowances		\$
TOTAL CLAIM		\$

HR USE ONLY

PAYCODE: _____ AMOUNT: \$ _____ COST CENTRE: _____

PAYCODE: _____ AMOUNT: \$ _____ COST CENTRE: _____

