



**DISASTER AND RECOVERY MINISTRIES SA  
TRAVEL & EXPENSES REIMBURSEMENT CLAIM FORM**

<b>Full name of D&amp;RM chaplain</b>	
<b>Date/s of deployment</b> <i>(please list each date separately)</i>	
<b>Departure / home address</b>	
<b>Destination address</b> <i>(Relief/Recovery Centre or Outreach team meeting point)</i>	
<b>Total number of kilometres travelled</b> <i>(including outreach trips)</i>	
<b>Meals purchased on deployments away from home</b> <i>(please list dates &amp; costs for each meal separately and attach copies of all tax invoices)</i>	

**Bank account details for reimbursement:**

<b>Name of account holder</b>	
<b>BSB number</b>	
<b>Account number</b>	

***Office use only***

Approved reimbursement rate per kilometre.....

Total travel claim.....

Total meals claim.....

Date submitted to SAHA for reimbursement.....

Date reimbursed to chaplain by UCSA.....