



DISASTER AND RECOVERY MINISTRIES SA

TRAVEL & EXPENSES REIMBURSEMENT CLAIM FORM 2023

First and last names of D&RM chaplain	
Chaplain's mobile number	
Chaplain's email	
Date/s of deployment <i>(please list each date separately)</i>	
Departure / home address	
Destination address <i>(Relief/Recovery Centre or Outreach team meeting point)</i>	
Total number of kilometres travelled <i>(including outreach trips)</i>	
Meals purchased on deployments away from home <i>(please list dates & costs for each meal separately and attach copies of all tax invoices, otherwise this cannot be reimbursed)</i>	

Bank account details for reimbursement:

Name of account holder	
BSB number	
Account number	

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.....