



18. REIMBURSEMENT / EXPENSES CLAIM FORM

CHSP or HACC or Non SUB

Volunteer Name: _____

Date	Start Time	Service Recipient Name	Destination	Private Car KM's	MMSS Car KM's	T SS HM DA	Receipt No	Amount Enclosed \$	Amount Retained \$	Finish Time	TOTAL HOURS

I, Volunteer of MMSS, certify the correctness of the above claim: _____ Signed Date: _____

OFFICE USE ONLY

Date Received at Office:

Sign:

_____ Kilometres @ .66c/km =	\$	Comments:
Add Reimbursement (other)	\$	
SUBTOTAL	\$	
Less Amount Retained (SR to sign receipt)	\$	Authorised by: Services Administrator
TOTAL Reimbursement Amount	\$	Date:

Volunteer PO NO:	MYOB Payment ID NO:	:Data Entry Recorded by:
SR Invoice No:	Contra payment no: Payment ID no:	Initial:
Bank Payment ID:	Date:	Date:
Authorised by Coordinator	Date:	MMSS Forms No.18 Version 10. 18.1.18