

MILEAGE CLAIM FORM & MOTOR VEHICLE LOG BOOK



Driver Name:

Staff No:

Address:

Vehicle Make/Model:

Rego No:

| Date of Trip | Travel From/To: | Odometer Reading Start km / End km | Private Use % | Business Kilometers Travelled | CENTS per km | Amount \$ | Purpose of Trip / Comments: |
|--------------|-----------------|---------------------------------------|------------------|-------------------------------------|-----------------|-----------|-----------------------------|
|--------------|-----------------|---------------------------------------|------------------|-------------------------------------|-----------------|-----------|-----------------------------|

Total Church business related KMs:

Total \$ Claim

By signing this form, you confirm that the information is a true and correct record of Church business related travel.
If part of the trip was of a personal/private nature, I have duly indicated the % of the trip which was such.

Person making claim (name):

Authorised Approver:

Signature of claimant:

Signature of Authoriser: