TRAVEL CLAIM FORM

(for travel in your own vehicle)

1. YOUR DETAILS

Full Name:	
Telephone:	Email:

2. METHOD OF PAYMENT (select A or B)

A. EFT ☐

Same details as previously used? YES ☐ (please go to 3.)

NO ☐ (please complete the following details)

Account Name:																	
Bank & address (if known):																	
BSB (6 digits)							Account no.										

B. CHEQUE ☐

Same details as previously used? YES ☐ (please go to 3.)

NO ☐ (please complete the following details)

Payee *(if different to name above):*	
Address:	
City/Town:	Post Code:

3. TRAVEL DETAILS

Date	Purpose, destination to and from	Km's for trip	Amount @60c/km
	TOTAL		$

4. CLAIMANT SIGNATURE

I, being the person whose name and signature appears on this document, certify that 100% of the above travel is for getGP purposes, and that the claim has not been claimed elsewhere.

Signature: **Date:**

5. OFFICE USE ONLY

I, as the authorising officer have checked the contents of this claim and believe it to be in line with getGP policy, authorise the payment to proceed.

Signature: