LOCAL TRAVEL EXPENSE REPORT

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VENDOR #:	UNIT/	PERIOD
(Office Use Only)	SECTION:	FROM:
NAME:	APPROVER:	TO:

DATE		D	DETAILS		0-20,000 KMS	20,000.1+ KMS	BRIDGE/ FERRY	MEALS	TAXI/ PARKING	OTHER EXPENSES
			SXE							
TOTAL KMS			KMS							
MULTIPLY KMS BY CORRECT RATE										
SUBTOTALS										
TOTAL KM EXPENSE EXPENSES TOTAL (non km) TOTAL CLAIM (KILOMETRES + EXPENSES)					ES)					

LOCAL TRAVEL EXPENSE I	REPORT P	age 2	Name:
ADDITIONAL DETAILS			
TRACKING KILOMETRES			
Claimants must track annual accumulated kilomet	rage to determine th	e correct rate to a	apply:
1 to March 31.	g the amount in the	Total Fiscal Year	pril 1st of each fiscal year. Note: Fiscal Year runs from April par-to-Date Kies box from this claim into the Total me on page 1
Total Kms from this claim	Am C		
Total Kms from previous claim	Km Note: This am	ount restarts at zer	er (0) on April 1 st of each fiscal year.
Total Fiscal Year-to-Date Kms	Km Note: Enter th	is amount in the T o	otal Kilometres from previous claim box on your next claim
Claimant Signature:		Date:	
Approver Signature:		Date:	
G/L NUMBER –			

G/L NUMBER -