LOCAL TRAVEL EXPENSE REPORT

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

DATE	DETAILS	0-20,000 KMS	20,000.1+ KMS	BRIDGE/ FERRY	MEALS	TAXI/ PARKING	OTHER EXPENSES
·	TOTAL KMS						
	MULTIPLY KMS BY CORRECT RATE						
	SUBTOTALS						
TOTAL KM EXPENS	EXPENSES TOTAL (non km)	тс	OTAL CLAIM (KILOMETRE	S + EXPENS	ES)	

LOCAL TRAVEL EXPENSE	REPORT	Page 2	Name:	
ADDITIONAL DETAILS				
TRACKING KILOMETRES				
 Claimants must track annual accumulated kilomet To accumulate <i>Total Fiscal Year-to-Date</i> 1 to March 31. Accumulate kilometres travelled by enterin <i>Kilometres from previous claim</i> box on y When 20,000 km is reached, begin record 	Kms travelled, so the amount in your next claim.	start at zero (0) on a	April 1st of each fiscal year. Note:	·
Total Kms from this claim	Km			
Total Kms from previous claim	Km Note: This	amount restarts at	zero (0) on April 1 st of each fiscal ye	ear.
Total Fiscal Year-to-Date Kms	Km Note: Ente	er this amount in the	Total Kilometres from previous	claim box on your next claim.
Claimant Signature:		Dat	e:	
Approver Signature:		Dat	e:	
CC NUMBER –				

GL NUMBER -