

# Travel cost reimbursement form (non-employee)

Please complete, attach receipts and return this form to your QCAA supervisor

## Claimant (person claiming)

Family name:  Given name/s:

Phone mobile:  Email:

Residential address:

School/organisation:  Meeting name:

## Banking details

Account name:  Bank:

BSB number:  Account number:

Items to claim (receipts must be attached). *Examples of claimable travel costs: parking, fuel, fares, taxis, tolls.*

Date	Description	From	To	Amount

## Declaration

**Claimant:** I certify that the amount/s claimed above is/are due and payable to me as indicated.

**Approval:** I certify that the above claim is properly due and payable and approve the relevant expenditure in accordance with QCAA financial delegations.

Signature

Name:

Position:

Date:

Signature

Name:

Position:

Date:

Cost centre  Analysis code

The information you provide on this form will be used in administering and managing travel and expenses as part of legislative functions described in the *Financial Accountability Act 2009*, the *Financial and Performance Management Standard 2009* (s.19) and the QCAA travel policy. Personal information will be accessed by authorised QCAA staff, and handled in accordance with the *Information Privacy Act 2009*. Personal information will be disclosed to government auditors and other authorised government agencies where legally required. Information held by the QCAA is subject to the *Right to Information Act 2009*.



For all Queensland schools