WESTERN AUSTRALIAN INSTITUTE OF SPORT

TRAVEL/MILEAGE ALLOWANCE CLAIM FORM

Name _____ **Dept./Program** _____

Date	Depart from	Destination	Return journey	Purpose of journey	Km's
				TOTAL km's (to be completed by claimer)	
				Cents/km	
				TOTAL $	

You MUST specify car engine capacity - (Please circle)

1600cc (1.6L) or less

1601cc-2600cc (1.601L-2.6L)

2601cc (2.601L) and over

Payroll checked & processed

Signature _____ **Date** _____

Approved by _____ **Date** _____