



## **EXPENSE CLAIM**

MUST BE RECEIVED NO LATER THAN **Monday 15<sup>th</sup> July 2024** (*1 MONTH FOLLOWING THE EVENT*)

Original GST receipts must be included - Please do not attach with staples

DETAILS OF CLAIMANT	PERSONAL or BRIGADE (Please circle)					
FIRST NAME:	MIDDLE INITIAL:	LAST NAME:				
BRIGADE:	MOBILE NUMBER:					
POSTAL ADDRESS:						
BANK ACCOUNT No.						
EMAIL ADDRESS:						
EVENT: NATIONAL ROAD CRASH RESCUE 2024 - FEILDING	<b>BUSINESS UNIT: 50400</b>	SUBLEDGER: NRCR24				

MILEAGE CLAIM FOR ACTUAL VEHICLE USED							TOTAL AMOUNT
				Circle			
		Kms Travelled	Petrol	Diesel	Petrol Hybrid	Electric	
	Up to 1500cc		70c	67c			\$
	1501-2000cc		79c	85c	74c		\$
	2001-3500cc		100c	102c			\$
	3501 and over		129c	130c			\$
	65kW – 125kW					78c	\$
FROM LOCATION:				TO LOCAT	TION:		1
REGISTRATION No:			OWNER:	OWNER:			
MAKE:			MODEL:	MODEL:			
DETAILS:							

<b>DETAILS OF CLAIM – Please include dates and attach itemised GST receipts</b> (The UFBA does not reimburse any alcohol costs)	Amount (incl GST)
TOTAL	

I certify that the expenses claimed above	UFBA APPROVAL	OFFICE USE ONLY
have been incurred by me while on UFBA business and is in accordance with policy and	I have reviewed the above claim. I approve and authorise	□ Xero contact checked
the registration document relevant to the	payment of the above expenses in accordance with policy.	Bank account checked
above event. This includes the correct cc rating, all passengers and full details of any vehicle associated with any mileage claim.	Signed:	<ul> <li>Bank account updated with Accounts (if required)</li> <li>Adjusted and approved</li> </ul>
Signed:	Date:	□ Signed:
Date:		