



Diocese of the Northern Territory
Reimbursement Claim Form

Date: _____

Name: _____

Ministry: _____

Receipts:

Office Use Only

Date:	Item:	Purpose:	Cost:	GST:	A/c Code:	Dep't/Specific Grant #:
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			\$ -	\$ -		

Sub-Total: \$ - \$ -

Travel:

Rate of reimbursement is 0.72c per km, based on current ATO rate for deductions up to 5,000km/annum

Office Use Only

Date:	Purpose of Trip:	Kms	Claim:	A/c Code:	Dep't/Specific Grant #:
		0	\$ -		
		0	\$ -		
		0	\$ -		
		0	\$ -		
		0	\$ -		

Sub-Total: \$ -

I declare that all expenses being claimed are in accordance with policy and for the sole purpose and administration of the Diocese of the NT. All receipts and tax invoices declaring GST charges are attached. No other claim is being submitted for these items with the Diocese or any other organisation.

Reimburse to:

Signed: _____

Account Name:

BSB:

Account Number:

Total of this Claim: \$ -

Office Use:
 Authorising signature: _____ Date: _____