

# Expenses Claim 2024/25 V2

## Form Preview

### Expense Claim Form

\* indicates a required field

This '**Expense Claim Form**' needs to be completed and submitted **by the 5th of the month.**

You can progressively complete this form throughout the month however, please ensure you '**Save**' each time you update the form.

#### Claimant details

##### Name

First Name

Last Name

##### Position \*

Chair

Trustee

Chief  
Executive  
Officer

Employee

#### Declaration

I declare that all expenses incurred:

- are related to Community Trust South business,
- have not been claimed previously, and
- comply with Community Trust South policy.

**I have read and understood this declaration. \***

Yes

##### Date of claim \*

Must be a date.

#### Expense period

##### From \*

Must be a date.

##### To \*

Must be a date.

#### Mileage

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The vehicle reimbursement rate is 1.04 **cents per kilometre for petrol, diesel, petrol hybrid, or electric vehicles**. This rate is based on the Inland Revenue Commissioner's vehicle expenses rates published 1 June 2024, and is for persons whose business travel is 5,000 kms or less in an income year.

Date of travel	Purpose	From	To	Kms
Must be a date.				Must be a number.

### Total kilometres

\$

This number/amount is calculated.

### Other expenses

Receipts/invoices are required for all expenses claimed and these can be uploaded below. Please retain original receipts as these may be required for audit purposes.

Date	Description	Amount
Must be a date.		Must be a dollar amount.
		\$
		\$
		\$
		\$
		\$

### Total other expenses

\$

This number/amount is calculated.

### Any additional information/special requests

### Receipts/Invoices

#### Please upload receipts/invoices

Attach a file:

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Total expenses claimed

\$