

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:

Total expenses claimed

\$