

**TRAVEL EXPENSE CLAIM FOR COMMUNITY
EMPLOYMENT SUPERVISOR AND JOB INITIATIVE
TEAM LEADERS**

Make: _____

Car c.c.: _____

Project Name: _____

Project Number: _____

Supervisor Name: _____

Claimed Year (January) to Date (including this claim) _____ (kms)

Date	Time		Details of Journey		Purpose / Nature of Journey	Persons Met	KMS
	Dept	Return	From	To			
Total KMS							
Rate per KM							
TOTAL							

Signed: _____
Supervisor

Date: _____

I confirm that in relation to the claim above, the travel undertaken by the Supervisor was used exclusively for the above project.

Signed: _____
(Sponsor member only)

Board Position: _____

Print Name: _____

Date: _____

All claims must be in line with Department of Finance regulations and cannot exceed Civil Service motor mileage rates per KM.