

**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			
<b>Total KMS</b>							
<b>Signed: _____</b>							<b>Rate per KM</b>
<b>Supervisor</b>							<b>TOTAL</b>

Signed: \_\_\_\_\_  
Supervisor

Date: \_\_\_\_\_

Total KMS  
Rate per KM  
TOTAL

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.*