Homelessness Assistance & Community Managed Housing/SHASP

Vehicle Travel Form

Service Name:					Driver's Name:		
Date	Destination		Odometer Reading		Trip kms	Purpose	Driver's Signature
	From	To	Start	Finish			

When making a claim for vehicle petrol costs associated with attendance at a training event:

- Ensure that this form is correctly completed and signed.
- Attach this form (or a copy of your own form) to the Reimbursement Claim Form.

I declare the above information to be correct.

Manager/Board Member **Date:**

A completed Vehicle Travel Form and receipts should be attached to the Reimbursement Claim Form and mailed to:

Claim forms and receipts should be mailed to:

Leonie Lockwood
Workforce Development Officer
Service Improvement Team
Level 23, 50 Lonsdale Street, Melbourne 3000