In2 science
science peer mentoring in schools

Travel Claim Form – CAR

Please note that we budget for a maximum claim of $10/week per mentor.

Name: _____

DATE OF TRAVEL	JOURNEY FROM	TO	DISTANCE KM□s
Brought Forward from overleaf			

Student ID:_____

Student University email:_____

Postal address:_____
_____
_____
_____

Payment will be by **cheque or** (to speed things up) by **direct payment** into a bank account.

Bank:_____

Account name:_____

BSB No: □ □ □ □ □ □

Account No:_____

Total Kilometres Claimed:		RATE Cents 50c	AMOUNT CLAIMED $

Signed Mentor:_____ **Date:**_____

Signed Peer Mentoring Coordinator:_____Date:_____

Office use only

Money paid: ☐ Initial:_____ Date:_____

Please note that we generally budget for up to $10/week per mentor.

Travel Claim Form - Public Transport

Name: _____

DATE OF TRAVEL	JOURNEY FROM	TO	Journey cost Ticket
Brought Forward from overleaf (if required)			

Total amount Claimed:

AMOUNT CLAIMED
$

Student ID:_____

Student University email:_____

Postal address:_____
_____
_____
_____

Payment will be by **cheque or** (to speed things up) by **direct payment** into a bank account.

Bank:_____

Account name:_____

BSB No: ☐ ☐ ☐ ☐ ☐ ☐

Account No:_____

Signed Mentor:_____ **Date:**_____

Signed Peer Mentoring Coordinator:_____Date:_____

Office use only

Money paid: ☐ Initial:_____ Date:_____