



RAC Expense Claim Form

(Please Print)

NAME: _____

ADDRESS: _____

RAC REGION: _____

MEETING DATE : ____ / ____ / ____ HELD AT: _____

Please advise your Bank Details for EFT payment of fees:

BSB: _____ Account No: _____

Account Name: _____

TRAVEL: Return / Single (circle one)

GL: 6-1440

Car From _____ To _____

Klms _____ @ \$ _____ per klm (see table below) \$ _____

Vehicle Engine Capacity			Tick Box
1600cc (1.6 litre) or less	\$0.63 / klm		<input type="checkbox"/>
1601cc – 2600cc (1.601 – 2.6 litre)	\$0.74 / klm		<input type="checkbox"/>
2601cc (2.601 litre) and over	\$0.75 / klm		<input type="checkbox"/>

Taxi / Bus From _____ To _____ \$ _____

Air / Train From _____ To _____ \$ _____

Other: (insert detail) _____

From _____ To _____ \$ _____

TOTAL AMOUNT CLAIMED \$ _____

SIGNATURE OF CLAIMANT: _____

DATE: ____ / ____ / ____

AUTHORISED BY:..... RAC Coordinator

Please send Expense Claim to:

RAC Coordinator
Grains Research Foundation Ltd
PO Box 299
Southtown Qld 4350
Email: admin@grf.org.au or
Fax: 07 4637 9425