



Dutch Reformed Church of South Africa

Claim for Travel and Accommodation Expenses

The payment office must check whether an account number really belongs to the beneficiary. Payments can only be made to the beneficiary's own account (linked to his/her identity number). Supplying the identity number is therefore mandatory.

CLAIMER

Title:		Initials and surname:	
Postal address:			
Email address:		Cellphone:	

BANK

*The banking details must be those of the claimer and linked to his/her identity number.

Bank:		Branch:	
Account number:		Branch code:	
Account holder name:			
Account type:		*ID no:	
Purpose of travel:			
Date:			

SIGNATURE OF CLAIMER

TRAVEL EXPENSES

Travelled from:		To:	
Distance travelled (total in km):		Rate:	2.75
		Total:	-

Other people who travelled with:

1		Kilometres:		Rate:	0.20	Total:	-
2		Kilometres:		Rate:	0.20	Total:	-
3		Kilometres:		Rate:	0.20	Total:	-

ACCOMMODATION

Private accommodation (Maximum R100,00 per night) / **Hotel or guesthouse** (Maximum R400,00 per night)

Type of accommodation:		Number of nights:		Rate:		Total:	-
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Description:		Amount:		Parking:	
Description:		Amount:		Toll:	
Description:		Amount:		Other:	

GRAND TOTAL: -

For official use

Signature	Name in print	Date
Authorisation: 	Fund: 	