



Health Services Union

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Sydney NSW 2000

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Delegates Expense Claim Form

HSU CONFERENCE 2019

Date

Car (please indicate distance for return trip)

Total Kilometres @0.45 per/km

Amount

From To

\$

Bus (please indicate costs for return trip)

From To

\$

Train (please indicate costs for return trip)

From To

\$

Other (e.g. please specify)

\$

Total Travel Expenses \$

Member No Name

Address Suburb State Postcode

Mobile Workphone Home Phone E-mail

Method of Payment (Please tick one) EFT Cheque

BSB ACCT No

You **must** produce dockets/receipt/vouchers/ for your claim to be paid.
Please be aware expenses will be paid via EFT ONLY directly into
your nominated account. Please allow 30 days for processing.

Signature

Date

Approved by:

OFFICE USE ONLY