

**Queensland Association for Healthy Communities  
Expense Reimbursement Form**

<b>Queensland Association for Healthy Communities Expense Reimbursement Form</b>					APPROVED BY	
					CHEQUE NO.	
					CHEQUE DATE	
YOUR NAME		PROGRAM		PREPARED BY		
DATE OF EXPENSE	EXPENSE DETAILS			RECEIPT ATTACHED	\$ AMOUNT CLAIMED	
/ /				Yes / No		
/ /				Yes / No		
/ /				Yes / No		
/ /				Yes / No		
/ /				Yes / No		
DATE OF JOURNEY	JOURNEY DETAILS Origin/Destination		ODOMETER START   FINISH		DISTANCE TRAVELLED	
/ /					<i>km</i>	
/ /					<i>km</i>	
/ /					<i>km</i>	
/ /					<i>km</i>	
/ /					<i>km</i>	
SIGNATURE		Rate/Km	cents	TOTAL DISTANCE	<i>km</i>	
DATE					TOTAL CLAIM	
MILEAGE RATES	<i>From 1 July 2008</i>		Under 6 Cylinder 61.86c	6 Cylinder and over 73.55c		
INSTRUCTIONS: CHEQUE REFUND PLEASE <input type="checkbox"/> OR TAX DEDUCATIBLE DONATION TO QAHC <input type="checkbox"/> (An official receipt will be issued)						