



UNIVERSITY SPORT SOUTH AFRICA NUSA CLAIM FORM 2016

Claimant (Person submitting claim): _____	
USSA Sports Association (NUSA): _____	
Position in USSA Association: _____	
Beneficiary (Account name): _____	
Bank (Name): _____	Branch code: _____
Account type: _____	Account number: _____
Date(s) of expenses: _____	E-mail: _____
Reasons for expenses: _____	
DETAILS OF CLAIM (Please add all verifying documents and/or receipts)	AMOUNT
1. Travel expenses (Refer to policy / Attach summary for multiple trips)	
1.1 Own vehicle _____ km @ <u>R3.29</u> p/km	_____
1.2 Car hire	_____
1.3 Petrol and toll fees	_____
1.4 Parking	_____
1.5 Air ticket(s)	_____
1.6 Other public transport	_____
Sub-total:	_____
2. Accommodation (Refer to policy / Submit necessary invoices and vouchers)	
2.1 Actual accommodation costs (maximum of <u>R1,250</u> per person per day)	_____
2.2 Meals and incidental costs (maximum <u>R353.00</u> per day) or	_____
2.3 Subsistence allowance _____ days @ <u>R109.00</u> per day *	_____
(* Where accommodation and meals are provided by host)	
Sub-total:	_____
3. Other proven expenditure (Refer to policy / Attach summary and vouchers)	
3.1 _____	_____
3.2 _____	_____
3.3 _____	_____
Sub-total:	_____
GRAND TOTAL:	_____
Signature of Claimant: _____	Date: _____

Payment approved by:

NUSA CHAIRPERSON

DATE

SECRETARY / TREASURER