



UNIVERSITY SPORT SOUTH AFRICA CLAIM FORM 2016

| Claimant (Person submitting claim): _____ | |
|--|--|
| Position in USSA: _____ | |
| Member institution: _____ | |
| 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) <ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> 2.1 Actual accommodation costs (maximum of <u>R1,250</u> per person per day) _____ 2.2 Meals and incidental costs (maximum of <u>R353.00</u> per day) or _____ 2.3 Subsistence allowance _____ days @ <u>R109</u> per day* _____ <small>(* Where accommodation and meals are provided by host)</small> Sub-total: _____ | _____ _____ _____ _____ |
| 3. Other proven expenditure (Refer to policy / Attach summary and vouchers) <ul style="list-style-type: none"> 3.1 _____ 3.2 _____ 3.3 _____ Sub-total: _____ | _____ _____ _____ _____ |
| GRAND TOTAL: | _____ |
| Signature of Claimant: _____ | Date: _____ |

Payment approved by:

| | | |
|-------------------|-------|--------------------------|
| _____ | _____ | _____ |
| SECRETARY GENERAL | DATE | PRESIDENT / CHAIR / CFMO |