



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