**HUMAN RESOURCES**

**CLAIM FOR PAYMENT OR HIRE FOR USE OF AN EMPLOYEE'S OWN VEHICLE**

Please forward completed form to Human Resources, M350 for payment. Parking fees should be reimbursed through School/Admin department’s petty cash.

**SECTION 1 – EMPLOYEE DETAILS**

Employee number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials \_\_\_\_\_\_\_\_

School/Admin. Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 2 - ALLOWANCE CLAIMED**

Current rates can be found at [Section 4 and 5 of the University Policy: Use of an Employee's Private Vehicle - Professional Staff](http://www.universitypolicies.uwa.edu.au/search?method=document&id=UP07%2F201).

Employee required, as a term of employment, to permanently supply and maintain a motor vehicle? [ ] Yes *(624%)* [ ] No *(623%)*

Make of car \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Engine capacity (litres) \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Date** *(dd/mm/yy)* | **Destination and nature of business** | **Kilometres** |
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|  |  |  |  |  |  |  |  |  |  | **TOTAL KMS** |  |
|  |  |  |  |  |  |  |  |  |  |  | **$** |
|  |  |  |  |  |  |  | kilometres at |  | cents/km = |  | **$** |
|  |  |  |  |  |  |  | kilometres at |  | cents/km = | **TOTAL DUE** | **$** |

Signature of claimant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_ *(dd/mm/yy)*

Name of claimant *(please print)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 3 - ACCOUNT TO BE CHARGED**

|  |  |  |  |
| --- | --- | --- | --- |
| BusinessUnit \_\_\_\_\_\_\_\_\_\_ | Project/grant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Account \_\_\_\_\_\_ |  |

**SECTION 4 - APPROVAL**

I certify that the above allowance is payable for the reason stated and that the claim has been correctly calculated.

|  |  |
| --- | --- |
|  Name *(please print)* |  Signature of Approved Delegate *(See HR Delegations)* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | *In approving this payment I confirm that I am an Approved Delegate and funds are available.* |
|  Telephone |  Date *(dd/mm/yy)* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |