

# Travel Claim Form

This form is only to be completed if you have been **pre-approved** to use your own vehicle for work while on shift at a facility or transporting a client. In order for your vehicle to meet the standard we will require a copy of your full comprehensive insurance, and current registration. No travel will be paid unless it has been pre-approved in writing by management. If you require further clarification, please contact ABLECARE on 03 5858 4270.

NAME:		WEEK ENDING:	
VEHICLE REGISTRATION NUMBER:		INSURED BY:	POLICY NUMBER

DATE OF JOURNEY		PURPOSE OF JOURNEY	ODOMETER		KILOMETRES TRAVELLED
START DATE	END DATE		START	END	
<b>AUTHORISED BY:</b>			<b>TOTAL KM'S FOR THE WEEK</b>		

Please email the Travel Claim Form along with your timesheet to [Payroll@ablecarestaff.com](mailto:Payroll@ablecarestaff.com)