

ArtsConnect9 Travel Claim Form

1. SCHOOL DETAILS	
Name of School	
Address	
	POSTCODE
Contact Name	
Telephone Number	
Facsimile Number	
2. EXCURSION DETAILS	
Name of Performance	
Date visited the Arts Centre	/ / 2010
Number of Year 9 students	
Number of adults	
3. TRANSPORTATION	
A) HIRE Including self-drive hire	A Tax Invoice from the transport company, PLUS a Tax Invoice from the school to the Arts Centre must be forwarded with this Travel Claim form (3 forms).
Name of bus hire company used	
Size of bus (number of seats)	
Period of hire (Special approval must have already been obtained if this exceeds one day)	FROM: / / 2010 To: / / 2010
OR	
Schools Using Their Own Bus [Reimbursed @ 0.82 cents per kilometre]	A Tax Invoice from the school to the Arts Centre must be forwarded with this form.
Size of bus (number of seats)	
Distance travelled for round trip visit to the Arts Centre	
Date of travel	FROM: / / 2010 To: / / 2010

PLEASE COMPLETE DETAILS OVER

B) PUBLIC TRANSPORT	A Tax Invoice from the school to the Arts Centre must be forwarded with this form.	
Transport provider (eg. V-Line)		
Date of travel	FROM: / / 2010	To: / / 2010
Number of fares	STUDENTS:	@ \$
	ADULTS:	@ \$
4. PAYMENT DETAILS		
the Arts Centre will forward reimbursement by <u>EFT</u> to the <u>school</u> only.		
<p>REIMBURSEMENT TO SCHOOLS WILL <u>ONLY</u> OCCUR IF YOU SUBMIT THE FOLLOWING:</p> <ol style="list-style-type: none"> 1. a completed ArtsConnect9 Travel Claim Form 2. a Tax Invoice from your school to the Arts Centre with NO GST included (The Arts Centre cannot reimburse your school for the GST paid.) 3. a copy of the bus invoice or V-Line receipt - quotations will not be accepted as proof of expense. 		
Amount being claimed		GST FREE
SCHOOL EFT DETAILS:	Banking Institution:	
Name of Account:		
BSB:	Account number:	
5. CERTIFICATION		
I certify that		
<ol style="list-style-type: none"> a) the information provided in this claim is true and correct b) the attached tax invoices / receipt is for transport services that were provided to Year 9 students of this school and the necessary accompanying adults c) this claim is for costs incurred for the visit to the Arts Centre on the date indicated in Part 2 of this Claim form. 		
Signature of Principal or Bursar		
(Please print)	Name:	
	Date:	/ / 2010
<p>STOP! IS IT SIGNED? AND HAVE YOU INCLUDED THE THREE PIECES OF PAPERWORK?</p>		
6. SEND TO:		
This form must be mailed. DO NOT FAX.	<p>Jemma Galvin Outreach & Access Programs Officer the Arts Centre PO Box 7585 Melbourne VIC 8004</p>	