



# SOUTHERN AFRICAN EMERGENCY SERVICES INSTITUTE NPC

## TRAVEL AND SUBSISTANCE CLAIM FORM

Please PRINT and return the ORIGINAL FORM to: Chief Executive Officer/Treasurer  
295 Jorissen Street, Off Voortrekker, Monument, Krugersdorp, 1739  
PO Box 613, Krugersdorp, 1740 Email: [info@saesi.com](mailto:info@saesi.com) Fax: 086 544 0008

### 1. Initials and Surname

Address

Telephone: Work \_\_\_\_\_ Mobile \_\_\_\_\_

<input type="checkbox"/>	Subsistence	<input type="checkbox"/>	Airfare	<input type="checkbox"/>	Transport	<input type="checkbox"/>	Other
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For Attending:

Held At:

Date/s of Meeting:

### 2. TRANSPORT / ACCOMMODATION

<input type="checkbox"/> Air travel arranged through Institutes Travel Agent	R _____
<input type="checkbox"/> Tax Invoice for Air Travel made out to SAESI (Attach original Invoice)	R _____
<input type="checkbox"/> Accommodation arranged through Institutes Travel Agent	R _____
<input type="checkbox"/> Tax Invoice for accommodation made out to SAESI (Attach original Invoice)	R _____
<input type="checkbox"/> Motorcar fees for _____ Kilometres (Current SARS Rate )	_____
<input type="checkbox"/> Parking fee at Airport (Receipt attached / not attached)	R _____
<input type="checkbox"/> Toll gate / Toll Road fees (Receipt attached / not attached)	_____
<input type="checkbox"/> Visa Costs (Receipt attached / not attached)	R _____
<input type="checkbox"/> Compulsory Medical check-up (Receipt attached / not attached)	R _____
<input type="checkbox"/> Transport by Taxi/Shuttle, Bus or Train (Receipt attached / not attached)	R _____
<input type="checkbox"/> Other _____	_____

### 3. SUBSISTANCE & TRAVEL ALLOWANCE, OR INCIDENTAL COSTS

Date of Departure	_____	Time	_____
Date of Return	_____	Time	_____
Number of days	_____ @ R _____ per day	Total	_____

**NOTE: Claims will only be processed on receipt of original claim form/s and supporting invoices/receipts attached**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

BANKING DETAILS: Bank Name \_\_\_\_\_ Account Nr. \_\_\_\_\_

Branch Name \_\_\_\_\_ Branch Nr. \_\_\_\_\_

Type of Account \_\_\_\_\_

### FOR OFFICE USE ONLY

Information verified and aproved by \_\_\_\_\_ Date \_\_\_\_\_

Chief Executive Officer/Treasurer - Signature \_\_\_\_\_ Total Paid Out R \_\_\_\_\_

