



## CLAIM FOR PAYMENT

49 York Street  
 LAUNCESTON TAS 7250  
 Phone: (03) 6334 4911  
 Fax: (03) 6334 4613  
 email: info@nossinc.org.au

Employees Name							
Day	Date	Start	Finish	No of Hours			Clients Supported *
				Week	Sat	Sun	
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							
<b>TOTAL HOURS WORKED</b>							
Employees Signature							

\* Please write Clients' surnames and initials, not including Clients transported only. Alternatively please state type of leave, such as "Personal/Carers leave", "Annual Leave", "First Aid Course" etc.

NB Claims for Payment must be submitted to the NOSS Office each fortnight, no later than midday on the Monday following the end of each pay period.

OFFICE USE ONLY		
<b>APPROVED BY:</b>	Week	Other:
	Evening	
	Sat	
	Sun	
	Phol	

### MILEAGE AND EXTRA EXPENSES CLAIM FORM

<b>RESIDENTIAL VEHICLE</b> (for use when a client travels in another client's Residential Vehicle)					
Date	Car Owner	From/To	Clients (NB NOT the owner of the car)	Total Kms	Client's Share

\* Please record this client's share of kilometres.

<b>YOUR VEHICLE</b> (if insufficient room, please use separate weekly form available from the Office)								
Day/Date	From/To	Clients				Total		
EXAMPLE	Riverside - City-Newstead	Jones M	12	Smith C	10	Clark J	2	24
Mon								
Tue								
Wed								
Thu								
Fri								
Sat								
Sun								
Mon								
Tue								
Wed								
Thu								
Fri								
Sat								
Sun								
<b>Total Kms</b>								

NB Mileage will NOT BE PAID for any trips outside the Launceston Metropolitan area without prior approval.

<b>EXTRA EXPENSES:</b>		
Date incurred	Item	Cost

NB Claims WILL NOT BE PAID unless accompanied by receipts, and approved by Management beforehand.