

DAP MEMBER REIMBURSEMENT CLAIM FORM – TAXI AND PARKING

Regulation 28(1) and 31(4)

Must be submitted within 30 days of accrual date.

Please complete the form, attach a copy of your receipts and submit to daps@dph.wa.gov.au.

DAP Member Details

Surname		First Name	
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Reimbursement Details

TAXI				
Meeting Date	DAP Name or SAT Directions Number	From (Location)	To (Location)	Cost
___/___/___				\$
___/___/___				\$
___/___/___				\$
___/___/___				\$
Total				\$

PARKING				
Meeting Date	DAP Name or SAT Directions Number	From (Time)	To (Time)	Cost
___/___/___		___:___	___:___	\$
___/___/___		___:___	___:___	\$
___/___/___		___:___	___:___	\$
___/___/___		___:___	___:___	\$
___/___/___		___:___	___:___	\$
___/___/___		___:___	___:___	\$
___/___/___		___:___	___:___	\$
Total				\$

Note: In accordance with the [Public Sector Commissioner's Circular - Remuneration for Government Boards and Committees](#), travel for attending meetings, made at the shortest practicable route, may be claimed provided such travel is greater than a round trip of 50 kilometres to and from the meeting venue.

Signature		Date	___/___/___
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I confirm I have read and understood the contents of the collection notice.