

CLAIM REQUEST FOR TRANSPORT

Grant Holder Name:	
Grant Holder ID:	
Grant Holder Address & Day Time Phone	
# Explanation of special circumstances as to why transport is being claimed Attach copies of receipts for tickets etc	
Amount of Claim	

Course details relating to claim

Name of Course:			
Training Provider:		Total Course Hours	
Teacher Confirmation of Attendance:	Signature:	Print name:	
Official stamp of training provider:			
Days of week course attended	Mon <input type="checkbox"/>	Tues <input type="checkbox"/>	Wed <input type="checkbox"/>
	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>	
Course Start Date:		Course End Date:	

For mileage related claims

Suburb Start:		Number of Kilometres	
Suburb Finish:			
My car is: (Please select appropriate engine type, ie Ordinary car or Rotary engine car)	Ordinary car	Rotary engine car	
	1600cc (1.6 litre) or less <input type="checkbox"/>	800cc (0.8 litre) or less <input type="checkbox"/>	
	1601cc - 2600cc (1.601 litre - 2.6 litre) <input type="checkbox"/>	801cc - 1300cc (0.801 litre - 1.3 litre) <input type="checkbox"/>	
	2601cc (2.601 litre) and over <input type="checkbox"/>	1301cc (1.301 litre) and over <input type="checkbox"/>	

Transport claims are only where there is a demonstrated need.

€ I have not previously made a claim for this expense.

Signature of parent: _____

(Claim MUST be signed otherwise it will be returned back to you.)

<p>✉ Mail to: Victoriaworks for parents returning to work AMES Education GPO Box 4728 Melbourne 3001</p>	<p><i>Admin Use Only</i> Approved amount _____ Creditor Id requested _____ Creditor Id _____ Processed _____</p>
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