

UNIVERSITY OF STELLENBOSCH

STUDENT APPLICATION FOR COMPENSATION OF TRAVELLING COSTS

DETAILS OF APPLICANT

| | |
|-----------------------------|--|
| FULL NAMES | |
| PERSONEL /STUDENT NO | |
| CONTACT DETAILS | |
| DEPARTMENT | |

TYPE OF CLAIM

| Type of Vehicle used | SU Fleet | | | Hired/Rental | | | Own/Self drive | | |
|----------------------|----------|---------|-------|--------------|---------|-------|----------------|---------|-------|
| | Fuel | Tolfees | Other | Fuel | Tolfees | Other | KM | Tolfees | Other |
| Description | | | | | | | | | |
| Details of Vehicle | Make | | | Model | | | Size | | |
| | | | | | | | | | |

DETAILS OF CLAIM (list various trips individually)

| Date | Route | Purpose of Travel | Amount of Kilometres Travelled | Tariff / km Fuel slip totals | Total | For Office Use Only | | |
|------|-------|-------------------|--------------------------------|------------------------------|-------|---------------------|---------|---------|
| | | | | | | Cost Centre | Account | Project |
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| Applicant: _____ Date: _____ | Department Head: _____ Date: _____ | Total Claim Paid: _____ |
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