**CLAIM FORM FOR HONORARIUM, TRAVEL AND SUBSISTENCE EXPENSES EXTERNAL MEMBERS OF COUNCIL**

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| --- | --- | --- |
| **PERSONAL DETAILS** | | |
| **NAME OF CLAIMANT** | | |
| **IDENTITY NUMBER** | | |
| **ADDRESS** | | |
| **NAME OF MEETING/FUNCTION** | | |
| **DATE OF MEETING/FUNCTION** | | |
| **BANKING DETAILS** | | |
| **BANK** | |  |
| **BRANCH CODE** | |  |
| **ACCOUNT NUMBER** | |  |
| **ACCOUNT TYPE** (Savings/Current/Cheque/Other) | |  |
| **HONORARIUM (for meeting attendance)** R1000 for Chairperson of Council; R850 for Vice Chairperson of Council and for Chairpersons of Council Committees; R750 for members of Council and Council Committees | | |
| **CLAIM**  **☐** Yes **☐** No  Amount = **R………………………** | **DONATE** (to the Student Meals Fund)  **☐** Yes **☐** No  Amount = **R………………………** | |
| **TRAVELLING AND OTHER EXPENSES (all necessary receipts to be attached)** | | |
| Travelling: R3.61 per km x …… kms (include kms travelled) = | | **R** |
| Accommodation | | **R** |
| Car Rental | | **R** |
| Other expenses | | **R** |
| **TOTAL CLAIMED** | | **R** |

**SIGNATURE OF CLAIMANT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **FOR OFFICE USE ONLY** | | | | |
| **COST CENTRE NUMBER** | **5170 1205** | | | |
| **AUTHORISED BY** |  | | | |
| **Approved** (tick appropriate box) | **YES** |  | **NO** |  |