



UNIVERSITY SPORT SOUTH AFRICA NUSA CLAIM FORM 2011

Claimant (Person submitting claim): _____	
USSA Sports Association (NUSA): _____	
Position in USSA Association: _____	
Beneficiary (Account name): _____	
Bank (Name): _____	Branch code: _____
Account type: _____	Account number: _____
Date(s) of expenses: _____	E-mail: _____
Reasons for expenses: _____	
DETAILS OF CLAIM (Please add all verifying documents and/or receipts)	AMOUNT
1. Travel expenses (Refer to policy / Attach summary for multiple trips) <ul style="list-style-type: none"> 1.1 Own vehicle _____ km @ R2.90 p/km _____ 1.2 Car hire _____ 1.3 Petrol _____ 1.4 Parking _____ 1.5 Air ticket(s) _____ 1.6 Other public transport _____ Sub-total: _____	_____ _____ _____ _____ _____ _____
2. Accommodation (Refer to policy) <ul style="list-style-type: none"> 2.1 Day allowance _____ days @ R_____ per day OR actual hotel costs _____ 2.2 Meals / refreshments _____ 2.3 Telephone / fax / internet costs _____ Sub-total: _____	_____ _____ _____ _____
3. Other proven expenditure (Refer to policy / Attach summary) <ul style="list-style-type: none"> 3.1 _____ 3.2 _____ 3.3 _____ Sub-total: _____	_____ _____ _____ _____
GRAND TOTAL:	_____
Signature of Claimant: _____	Date: _____

Payment approved by:

NUSA CHAIRPERSON	DATE	SECRETARY / TREASURER
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