

STAR Travel Claim Form

Address label preferred

Name: _____

Address: _____

Name of course _____ Dates _____

Provider _____ Town/City _____

TCS Use Only	_____
_____	_____
_____	_____
Total	_____

1. Travel by public transport (bus/train/other?) _____
(enclose tickets).

Cost \$ _____ return from _____ to _____

2. Private car if no public transport available _____ km one way.
Place from _____ to _____

Please provide your bank account details so payment can be made directly to your account.

Bank _____ Town _____

A/C Number _____

I agree that the student named attended the full course and that this claim is true and correct in every particular.

Claimant's signature _____ date _____

Cost Centre Manager's signature _____ date _____

Cost Centre _____
Total Claim _____