

Employee Reimbursement Form

Fortnight Pay Period: from Saturday DD / MM / YYYY to Friday DD / MM / YYYY

Mileage						Pre-Start Checklist (PSC)
Date	Any issues during PSC?	Start (km)	Finish (km)	Travel (kms)	Details	
	Y / N					<ul style="list-style-type: none"> • Check for any significant damage • Check the tyres are safe (not lacking tread, flat or otherwise damaged) • Familiarise yourself with the controls (indicators, headlights, handbrake, pedals, etc.) • Adjust steering wheel, seat and mirrors • Ensure that the windshield and mirrors are clear • Check that windscreen wipers, windscreen wash and indicators are working • Check if gauges are working and if there are any warning lights • Check if headlights work (if travelling at night or in poor weather) • Ensure loose items are stored appropriately (so they do not become projectiles in an incident) • Check that there is adequate fuel • Travel documented (in accordance with Service requirements) <p style="text-align: center;">If you identify any issues while completing this checklist, you must not proceed with the trip in this vehicle.</p>
	Y / N					
	Y / N					
	Y / N					
	Y / N					
	Y / N					
	Y / N					
Total:						

On-Call / Meal Allowance						
Week 1				Week 2		
Day	Meal ✓	On-Call ✓	TOIL	Meal ✓	On-Call ✓	TOIL
SAT						
SUN						
MON						
TUE						
WED						
THU						
FRI						
Total:				Total:		

Note: Toil accrued only related to Toil accrued in relation to on-call.
Please highlight the tick if the on-call day is a public holiday.

Reimbursement		Description
Amount:	\$	
Amount:	\$	
Total:	\$	
Please make sure all receipts are attached before lodgement.		

Service:		Message to Payroll
Employee Name:		
Employee Signature:		
Manager's Signature:		