


EXPENSE FORM FROM PHARMACIES

	Name _____	Employee Signature _____	<i>Motor Travel rates per KM</i>			
	Pharmacy Name _____	MP /TM Signature _____	Distance bands	Engine capacity up to 1200cc	Engine capacity up to 1500cc	Engine capacity up to 1501cc and over
	Staff Number _____		<i>Band 1 (0 to 1500km)</i>	37.95 cent	39.86 cent	44.79 cent
	TM Name _____		<i>Band 2 (1501 km to 5500km)</i>	70.00 cent	73.21 cent	83.53 cent
			<i>Band 3 (5501 to 25000km)</i>	27.55 cent	29.03 cent	32.21 cent
		<i>Band 4 (25001 km and over)</i>	21.36 cent	22.23 cent	25.85 cent	

Please state band and CC claim

ALL RECEIPTS MUST BE ATTACHED

Date	Detailed description of claim reason	MEETINGS	TRAINING	PSI	DELIVERIES	BANKING	OTHER	TOTAL

TOTAL =