NEGS School Drive Subsidy Diary

NAME OF STUDENT(S): _____

ADDRESS: _____

DIARY FOR SEMESTER _____ ,_____.

NB Please only document occasions when students are in the vehicle.

DATE OF JOURNEY	FROM	TO	DISTANCE IN KMS

I HEREBY DECLARE THAT THE ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

Claims are processed by the school and sent to the Department of Transport in the June/July and December/January vacations so in order to facilitate prompt payment it is requested that this form be at the school no later than the last day of each semester (end Term 2 and Term 4).

PLEASE RETURN TO MRS HELEN SMITH C/- NEGS OR BY EMAIL: helen.smith@negs.nsw.edu.au

NEGS School Drive Subsidy Diary (additional)

DATE OF JOURNEY	FROM	TO	DISTANCE IN KMS