



**IEP – Away From Base
Claim for Fares Reimbursement**

Student Details

Student Number: _____

Last name:

First name:

Course Code:

Date of Birth:

Postal Address:

Phone Number (business hours):
() _____

Printed name of Faculty Course Team
Member

Signature of Faculty Course Team Member

Travel Details

Departed from: (Town / City)

Date of Departure: / / 2007

Destination: Institute of Koorie Education

Method of travel (Please Circle Below)

Train Bus Car Other

Total Cost of Travel: \$ _____

Scheduled Intensive Dates:

From / / 2007
To / / 2007

**Please ensure that your original tickets,
dockets, receipts, statutory declaration
or other documentation are attached to
this claim for reimbursement.**

Declaration

I declare that the information supplied on
this form is complete and correct in every
particular*.

Student Signature:

Date: / / 2007

*** There are severe penalties for
deliberately making a false declaration.**