

C*O*D*E*S*A

Convention for a Democratic South Africa

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

CLAIM FOR TRANSPORT

Name of Claimant

Address

..... Postal Code

Telephone number Fax number

MEMBERS OF CODESA STAFF

PERIOD:

COST OF TRAVELLING BY CAR REGISTRATION NO

(Details of Journey)

Journey From

Journey To

Kilometers travelled

Engine capacity of vehicle

FOR OFFICE USE ONLY

Tariff

Amount

Journey From	Journey To	Kilometers travelled	Engine capacity of vehicle	Tariff	Amount

.....
SIGNATURE OF CLAIMANT

.....
DATE

FOR OFFICE USE ONLY

Certified correct

Date

Approved

Date