

# APSI TIMESHEET/ EXPENSE CLAIM

Mail to: Po Box 131 Jindabyne NSW 2627 | Email to: [apsi@apsi.net.au](mailto:apsi@apsi.net.au) | Online: [https://form.jotform.co/apsi\\_inc/timesheet](https://form.jotform.co/apsi_inc/timesheet)

Name		Date	
Discipline		Home Resort	
Trainer Level	<input type="checkbox"/> Rookie	<input type="checkbox"/> One	<input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> TD

### Days Worked

Date From	Date To	No. of Days	Resort	Activity
<i>Office Use</i>			<i>Total Days</i>	
			<i>Days Allowance</i>	

### Travel

Date	From	To	# Trips (one way)	Driver?	Distance	Time
<i>Office Use</i>			<i>Total</i>			

### Meals (attach receipts)

Date								<i>Office Use</i>
Amount								<i>Total</i>

### Other

Date	Item	Amount
<i>Total</i>		

<i>Office Use</i>	
<i>Days</i>	
<i>Days Allowance</i>	
<i>Travel Time (Hr)</i>	
<i>Travel Time (Day)</i>	
<i>Travel KM's</i>	
<i>Meals</i>	
<i>Other</i>	
<i>Less PAYG</i>	
<i>Total</i>	
<i>Date Paid</i>	

### Notes

Signed	