CVCIA Landcare Travel Reimbursement Sheet

MEMBER NAME: _____

For which project:

- ☐ *Cane Toads*
- ☐ *Common Mynas*
- ☐ *Other* _____

DATE	ODOMETER START	ODOMETER FINISH	TOTAL KMS	TRAVELLING FROM	AREA OF TOAD OPS

TOTAL KMS CLAIMED = ☐

$ ☐

Signed: _____ Coordinator: _____

Please attach this sheet to your CVCIA Reimbursement Form to claim.

Present to next meeting or send to:

Kevin Noble
PO Box 1657
GRAFTON 2460