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| **RCSU (Pacific) TRAVEL WORKSHEET** |
|  |
| **SN/PRI** | **RANK** | **SURNAME** | **FIRST NAME** | **UNIT** |
|       |       |       |       |       |
| **HOME ADDRESS (STREET ADDRESS, CITY, PROVINCE)** | **PHONE NUMBER** | **HOME EMAIL** |
|       |       |       |
| **ACTIVITY / TASKING -**       |
| **Depart Date** | **Depart Time** | **City****From / To** | **Arrival Date** | **Arrival Time** | **Method of Travel** | **Passenger (See Note)** |
|       |       |       |       |       |  | [ ]  |
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|  Indicate if Provided: | **Military Quarters:**  | **Rations Provided:**  | **Location:**  |
| Note: Check passenger only if you travelled as a passenger in any vehicle with another person who is reimbursed at public expense for travelling that distance. Please provide name of the other person in the comments section below. |
| **Meals:** Check meals to be reimbursed |
| Date | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |
| **B** | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **L** | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
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| **Receipt Register for Travel Costs – Original receipts must be attached, if lost fill out a lost receipt form** |
| **Date** | **Type** | **From** | **To** | **Cost** |
|       |       |       |       |       |
|       |       |       |       |       |
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| **Overnight Lodgings – Commercial Accommodations require receipts, private accommodations require an address** |
| **Date** | **Hotel Name** | **Address** | **Cost** |
|       |       |       |       |
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|       |       |       |       |
| **OTHER EXPENSES / COMMENTS** |
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| **CLAIMANT CERTIFIES THAT THE ITEMS CLAIMED HEREIN HAVE NOT BEEN CLAIMED PREVIOUSLY AND THAT DETAILS ARE AS STATED** |
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|  |  |  |       |  |
|  | Signature Block & Signature Claimant |  | Date |  |
|  |
| RCSU(P) J8-COMPTROLLER 15 Feb 17 |
| N:/J8 – COMPTROLLER/CLAIMS/FINANCE FORMS |