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| **RCSU (Pacific) TRAVEL WORKSHEET** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SN/PRI** | | | | | | | | **RANK** | | | | | | | **SURNAME** | | | | | | | | | | | **FIRST NAME** | | | | | | | | **UNIT** | | | | |
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| **HOME ADDRESS (STREET ADDRESS, CITY, PROVINCE)** | | | | | | | | | | | | | | | | | | | | | | **PHONE NUMBER** | | | | | | | | | **HOME EMAIL** | | | | | | | |
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| **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** |
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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 | | | | | | | | |  |
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| RCSU(P) J8-COMPTROLLER 15 Feb 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N:/J8 – COMPTROLLER/CLAIMS/FINANCE FORMS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |