DE BEERS PENSION FUND (DBPF) AND BENEFIT SOCIETY (DBBS)

TRAVEL REIMBURSEMENT CLAIM FORM

DEFINED BENEFIT DEFINED CONTRIBUTION
DE BEERS PENSION FUND

PART 1: PERSONAL DETAILS

Name

Email address | Cell no

Relationship with DBPF / DBBS | Members of Board of Trustees / Board Committees: ☐ Trustee ☐ Non-Trustee

☐ Employee ☐ Other (supply details)

PART 2: TRAVEL DETAILS

Organisation ☐ DBPF ☐ DBBS ☐ DBPF/DBBS

Date From To

Reason for travel ☐ Board Meeting(s) ☐ Board Committee Meeting(s)

☐ Investment Due Diligence Visit(s) ☐ Annual Investment Day(s)

☐ Conference / Training (Provide details below)

☐ Other (Provide details below)

Board Committee Meeting(s): ☐ Actuarial ☐ Audit and Risk ☐ Benefits Review ☐ Comms & Education

☐ Investment ☐ Remuneration ☐ Other / Ad-hoc (Provide details below)

PART 3: CLAIMS DETAIL (BUSINESS KILOMETERS) *(Use of private vehicle)*

TRIP 1	Date	From	To	
	Place	From	To	Km
	Place	From	To	Km
TRIP 2	Date	From	To	
	Place	From	To	Km
	Place	From	To	Km
TRIP 3	Date	From	To	
	Place	From	To	Km
	Place	From	To	Km
TRIP 4	Date	From	To	
	Place	From	To	Km
	Place	From	To	Km

FOR OFFICE USE ONLY

Total km's Km's **multiplied by SARS rate** R **= Reimbursement of** R

Section 6 restrictions applicable? ☐ **Yes** ☐ **No** **If yes, reimbursement to be limited to** R

Calculation of restriction as per section 6 of the travel policy to be attached to this form and authorised by the Financial Manager

PART 4: CLAIMS DETAIL (OTHER REASONABLE EXPENSES INCURRED) *(Supporting documentation to be attached)*

Air travel (please mark with X and provide amount to be reimbursed)		
☐ Excess / Lost Baggage R	☐ Airport Parking R	☐ Other R
Details of other		

Road and other means of travel (please mark with X and provide amount to be reimbursed)		
☐ Taxi R	☐ Uber R	☐ Gautrain R
☐ Toll fees R	☐ Parking fees R	☐ Other R
Details of other		

Meals, incidentals and other (please mark with X and provide amount to be reimbursed)		
☐ Meals R	☐ Incidentals R	☐ Other R
Details of other		

FOR OFFICE USE ONLY	Total reimbursement	R

PART 5: ADDITIONAL REMARKS

FOR OFFICE USE ONLY

Total reimbursement as per Part 3 – Business kilometres travelled	R
Total reimbursement as per Part 4 – Other expenses incurred	R
Less: Advances made	R ( )
Less: Other deductions (Service charges, Traffic fines, Damages and Private Bookings)	R ( )
TOTAL REIMBURSEMENT	R

DECLARATION BY TRAVELLER

I certify that the information provided above is a true statement of the travel expenses incurred by me. I confirm and understand that I will not be reimbursed for these expenses from any other source. I also certify that I have not included any expenses paid or to be paid directly from another source. I have read the provision of the travel policy in this regard and agree with it.

Signature

Date

EXPENSE ALLOCATION AND APPROVAL

OFFICIAL STAMP