NEGS

Private Vehicle Conveyance Diary

Name of student(s): _____

Address _____

Diary for Semester ____, _____.

NB Please only document occasions when students are in the vehicle.

Date of Journey	From	To	Distance in kms

I hereby declare that the above is correct to the best of my knowledge.

Signature of Parent/Guardian: _____ Date: _____

Claims are processed by the school and sent to the Department of Transport in the June/July and December/January vacations so in order to facilitate prompt payment it is requested that this form be at the school no later than the last day of each semester (end Term 2 and Term 4). Please return to Helen Smith c/- NEGS or by email helen.smith@negs.nsw.edu.au

Date of Journey	From	To	Distance in kms