



President
Leanne Wood
cdav.leannewood@gmail.com

Secretary
Carol Sparrow
cdav@live.com.au

Treasurer
Marie White
cdavtreasurer@gmail.com

CDAV Member Travel Declaration

Date: _____

Name: _____

Home address: _____

Will you be sharing the driving with another member? Yes/No

If yes – name of other driver: _____

Itinerary:

Purpose of travel:

Departure address:

Departure date: _____ Departure time: _____

Destination address:

Arrival Date: _____ Arrival Time: _____

Overnight accommodation: (Complete if driving more than 4 hours in a single day. If sharing the driving each driver must not drive more than 4 hours in one day– a total of 8 hours driving per day)

Are you willing to be billeted? Yes/No

Name of accommodation: _____

Address: _____

Cost per night: \$ _____

Date and duration of stay: _____

Receipts for petrol and accommodation must be produced for reimbursement and emailed to The Secretary – cdav@live.com.au or to the hosting branch secretary.

Declaration:

I, (full name) declare that the information provided on this form is true and correct to the best of my knowledge.

Signed: _____ Date: _____