

EXPENSE CLAIM

MUST BE RECEIVED NO LATER THAN Monday 14 July 2025 (1 MONTH FOLLOWING THE EVENT)

Original GST receipts must be included - Please do not attach with staples

DETAILS OF CLAIMANT	PERSONAL or BRIGADE (Please circle)		
FIRST NAME:	MIDDLE INITIAL: LAST NAME:		
BRIGADE:	MOBILE NUMBER:		
POSTAL ADDRESS:			
BANK ACCOUNT No.			
EMAIL ADDRESS:			
EVENT: Combined Road Crash Rescue- 2025	BUSINESS UNIT: 50400	SUBLEDGER: RCR25	

MILEAGE CLAIM FOR ACTUAL VEHICLE USED							TOTAL AMOUNT
				Circle			
		Kms Travelled	Petrol	Diesel	Petrol Hybrid	Electric	
	Up to 1500cc		80c	70c			\$
	1501-2000cc		85c	89c	84c		\$
	2001-3500cc		114c	112c			\$
	3501 and over		139c	143c			\$
	65kW – 125kW					102c	\$
FROM LOCATION:				TO LOCAT	TO LOCATION:		
REGISTRATION No:			OWNER:	OWNER:			
MAKE:				MODEL:	MODEL:		
DETAILS:							

DETAILS OF CLAIM – Please include dates and attach itemised GST receipts (<i>The UFBA does not reimburse any alcohol costs</i>)	Amount (incl GST)
TOTAL	

I certify that the expenses claimed above	UFBA APPROVAL	OFFICE USE ONLY
have been incurred by me while on UFBA business and is in accordance with policy and	I have reviewed the above claim. I approve and authorise payment of the above expenses in accordance with policy.	□ Xero contact checked
the registration document relevant to the		Bank account checked
above event. This includes the correct cc rating, all passengers and full details of any vehicle associated with any mileage claim.	Signed:	 Bank account updated with Accounts (if required) Adjusted and approved
Signed:	Date:	□ Signed:
Date:		

SEND COMPLETED FORM TO: United Fire Brigades' Association | PO Box 56079 | Tawa | Wellington 5249 | Fax: 04 237 2680 | events@ufba.org.nz