

## **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: <b>50400</b>         | 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:                              |               |               |        |          |               |          |              |

| <b>DETAILS OF CLAIM</b> – <b>Please include dates and attach itemised GST receipts</b><br>( <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<br>rating, all passengers and full details of any<br>vehicle associated with any mileage claim. | Signed:   | <ul> <li>Bank account updated with<br/>Accounts (if required)</li> <li>Adjusted and approved</li> </ul> |
| 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