



## EXPENSE CLAIM

MUST BE RECEIVED NO LATER THAN **Monday 15 May 2023** (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: NORTH ISLAND FIREFIGHTER CHALLENGE 2023 - AUCKLAND	BUSINESS UNIT: 50400	SUBLEDGER: RFFC23

MILEAGE CLAIM FOR ACTUAL VEHICLE USED						TOTAL AMOUNT	
			Circle Vehicle Type				
		Kms Travelled	Petrol	Diesel	Petrol Hybrid	Electric	
<input type="checkbox"/>	Up to 1500cc		57c	56c			\$
<input type="checkbox"/>	1501-2000cc		68c	73c	75c		\$
<input type="checkbox"/>	2001-3500cc		83c	82c			\$
<input type="checkbox"/>	3501 and over		109c	107c			\$
<input type="checkbox"/>	65kW – 125kW					75c	\$
FROM LOCATION:				TO LOCATION:			
REGISTRATION No:				OWNER:			
MAKE:				MODEL:			
DETAILS:							

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

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

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