

UFBA EXPENSE CLAIM

MUST BE RECEIVED NO LATER THAN **Monday 6th May 2019** (1 MONTH FOLLOWING THE EVENT)
Original GST receipts must be included (credit card statements and EFTPOS receipts are not acceptable)

Please do not attach with staples

| DETA | ILS OF CLAIMANT | Personal or Brigade claim? (please circle) | | | | | | | | |
|---|--|--|-----------------|----------------|-------|---|--|---|--|--|
| FIRST N | IAME: | MIDDLE INITIAL: | | LAST NAME: | | | | | | |
| BRIGA | DE: | MOBILE N | | MOBILE NUMBER: | MBER: | | | | | |
| ADDRESS: | | | | | | | | | | |
| BANK ACCOUNT NAME: | | | BANK ACCOUNT #: | | | | | | | |
| EVENT: 2019 North Island Combat – 5-6 th April 2019 – P | | | ALMERSTON NORTH | | | | | 50400.RFCC19 | | |
| EMAIL ADDRESS: | | | | | | | | | | |
| | | | | | | | | | | |
| MILEAGE CLAIM FOR ACTUAL VEHICLE USED | | | | | | | | | | |
| | | km @ 52c /km \$ | | | | | | | | |
| | 1501-2000cc | km @ 63c /km \$ | | | | | | | | |
| | 2001-3500cc | km @ 74c /km \$ | | | | | | | | |
| | 3501 and over | | kr | m @ 103c /km | \$ | | | | | |
| VEHICLE DETAILS – please complete in full to ensure your claim is accepted | | | | | | | | | | |
| REGISTRATION No: | | | OWNER: | | | | | | | |
| MAK | Ε: | MODEL: | | | | CC: | | | | |
| PASSENGER NAMES: | | | | | | | | | | |
| | | | | | | | | | | |
| DETAILS OF CLAIM – Expenses incurred including itemised GST receipts where Amount (incl GST) | | | | | | | | | | |
| applicable – please include full details e.g. travelled home-airport-home | | | | | | | | | | |
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| TOTAL incl GST \$ | | | | | | | | | | |
| | | | | | | | | | | |
| busine | husiness, and is in accordance with policy and the registration document relevant to the above | | | | | | | OFFICE USE ONLY ☐ Xero contact checked | | |
| event. This includes the correct cc rating, all passengers and full details of any vehicassociated with any mileage claim. Any additional items claimed outside of the policy a | | | | | | | xero contact cnecked Bank account checked | | | |
| registration document and without pre-approval by the | | | | | | ☐ Bank account updated with | | | | |
| reimbursed. | | | | | | Accounts (if required) Adjusted and approved | | | | |
| Signed: Date: | | | | | | ☐ Signed: | | | | |
| | | | | | | J | | | | |