



## UFBA EXPENSE CLAIM

MUST BE RECEIVED NO LATER THAN **Tuesday 4<sup>th</sup> June 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**

| DETAILS OF CLAIMANT  |                 | Personal or Brigade claim? (please circle) |              |
|--|-----------------|--|--------------|
| FIRST NAME:  | MIDDLE INITIAL: | LAST NAME:                                 |              |
| BRIGADE:   |                 | MOBILE NUMBER:                             |              |
| ADDRESS:   |                 |  |              |
| BANK ACCOUNT NAME:   |                 | BANK ACCOUNT #:                            |              |
| EVENT: <b>2019 National Combat – 3-4 May 2019 – WELLINGTON</b> |                 |  | 50400.NFCC19 |
| EMAIL ADDRESS:   |                 |  |              |

| MILEAGE CLAIM FOR ACTUAL VEHICLE USED |                          |                    |    |
|---------------------------------------|--------------------------|--------------------|----|
| <input type="checkbox"/>              | Up to 1500cc or Electric | .....km @ 52c /km  | \$ |
| <input type="checkbox"/>              | 1501-2000cc              | .....km @ 63c /km  | \$ |
| <input type="checkbox"/>              | 2001-3500cc              | .....km @ 74c /km  | \$ |
| <input type="checkbox"/>              | 3501 and over            | .....km @ 103c /km | \$ |

| VEHICLE DETAILS – please complete in full to ensure your claim is accepted |        |     |
|--|--------|-----|
| REGISTRATION No:   | OWNER: |     |
| MAKE:  | MODEL: | CC: |
| PASSENGER NAMES:   |        |     |

| DETAILS OF CLAIM – Expenses incurred including itemised GST receipts where applicable – please include full details e.g. travelled home-airport-home | Amount (incl GST) |
|--|-------------------|
|  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
| <b>TOTAL incl GST</b>  | <b>\$</b>         |

|   |   |
|---|---|
| I certify that the expenses claimed above have actually 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. Any additional items claimed outside of the policy and registration document and without pre-approval by the UFBA Events Team will not be reimbursed.<br><br>Signed: ..... Date: ..... | <b>OFFICE USE ONLY</b><br><input type="checkbox"/> Xero contact checked<br><input type="checkbox"/> Bank account checked<br><input type="checkbox"/> Bank account updated with Accounts (if required)<br><input type="checkbox"/> Adjusted and approved<br><input type="checkbox"/> Signed: ..... |
|---|---|

### SEND COMPLETED FORM TO:

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