

## **EXPENSE CLAIM**

MUST BE RECEIVED NO LATER THAN **Monday 4<sup>th</sup> May 2020** (1 MONTH FOLLOWING THE EVENT)

Original GST receipts must be included

DETAILS OF CLAIMANT					PERSONAL or BRIGADE (Please circle)		
FIRST NAME:			MIDDLE INITIAL: LAST NAM			Ē:	
BRIGADE:			MOBILE NUMBER:				
POSTAL ADDRESS:							
BANK ACCOUNT No.							
EMAIL ADDRESS:							
EVENT: 2020 NORTH ISLAND COMBAT CHALLENGE – PALMERSTON NORTH			BUSINESS UNIT: 50400		SUBLEDGER: RFFC20		
MILEAGE CLAIM FOR ACTUAL VEHICLE USED						TOTAL AMOUNT	
WILLIAGE CLAIM FOR ACTUAL VEHICLE USED			Circle Vehicle Type			TOTAL AMOUNT	
	Kms Travelled	Petrol	Diesel	Petrol Hybrid	Electric		
□ Up to 1500cc		57c	56c			\$	
□ 1501-2000cc		68c	73c	75c		\$	
□ 2001-3500cc		83c	82c			\$	
□ 3501 and over		109c	107c			\$	
□ 65kW – 125kW					75c	\$	
FROM LOCATION: TO LOCATION:							
REGISTRATION No:				OWNER:			
MAKE:				MODEL:			
DETAILS:							
<b>DETAILS OF CLAIM – Please include dates and attach itemised GST receipts</b> (The UFBA does not reimburse any alcohol costs)						Amount (incl GST)	
(THE OT BA GOES HOLL)	rennburse uny u	iconor cos	13)				
TOTAL							
I certify that the exper have been incurred by business and is in accord- the registration docume above event. This inclu- rating, all passengers an vehicle associated with an	of the above expe	claim. I approve and nses in accordance wi	th policy.	OFFICE USE ONLY  □ Xero contact checked  □ Bank account checked  □ Bank account updated with Accounts (if required)  □ Adjusted and approved			
Signed:						☐ Signed:	
Date:							