

EXPENSE CLAIM

MUST BE RECEIVED NO LATER THAN **Monday 9th May 2022** (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 COMBAT 2022 – PALMERSTON NORTH | BUSINESS UNIT: 50400 | SUBLEDGER: REEC22 | | | |

| MILEAGE CLAIM FOR ACTUAL VEHICLE USED | | | | | | TOTAL AMOUNT | |
|---------------------------------------|---------------|---------------|---------------------|--------------|---------------|--------------|----|
| | | | Circle Vehicle Type | | | | |
| | | 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 LOCAT | TO LOCATION: | | | |
| REGISTRATION No: | | | OWNER: | OWNER: | | | |
| MAKE: | | | MODEL: | MODEL: | | | |
| DET | AILS: | | | | | | |

| DETAILS OF CLAIM – Please include dates and attach itemised GST receipts (The UFBA does not reimburse any alcohol costs) | 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 | Xero contact checked |
| the registration document relevant to the | payment of the above expenses in accordance with policy. | Bank account checked |
| above event. This includes the correct cc rating, all passengers and full details of any vehicle associated with any mileage claim. | Signed: | Bank account updated with Accounts (if required) Adjusted and approved |
| 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