



FRFANZ EXPENSE CLAIM

MUST BE RECEIVED NO LATER THAN 30 DAYS OF DATE EXPENSE INCURRED
Original GST receipts must be included

DETAILS OF CLAIMANT		
FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
BRIGADE/FIRE FORCE:		
POSTAL ADDRESS:		
BANK ACCOUNT No.		
EMAIL ADDRESS:		PHONE NUMBER:
EVENT:	BUSINESS UNIT: 50800	SUBLEDGER: FRFANZ17

DETAILS OF CLAIM – Please include dates and attach GST receipts <i>(UFBA & FRFANZ do not reimburse any alcohol costs)</i>	Amount (incl GST)

MILEAGE CLAIM FOR ACTUAL VEHICLE USED			
<input type="checkbox"/>	Up to 1500cc km @ 50c/km	\$
<input type="checkbox"/>	1501 - 2000cckm @ 62c/km	\$
<input type="checkbox"/>	2001 - 3500cckm @ 75c/km	\$
<input type="checkbox"/>	3501 and overkm @ 100c/km	\$
FROM LOCATION:		TO LOCATION:	
REGISTRATION No:		OWNER:	
MAKE:		MODEL:	
DETAILS:			
TOTAL CLAIM VALUE:			\$

I certify that the expenses claimed above have actually been incurred by me while on FRFANZ business, and is in accordance with policy. This includes the correct cc rating and full details of any vehicle associated with any mileage claim.

Signed: Date:

Please complete this form, attach any GST receipts and scan to FRFANZ@ufba.org.nz for processing.
For any questions while completing this form, please email the address above or contact Megan Leggett on 04 237 0265