DELEGATE

NOPS

Public Service



Travel Expense Reimbursement Claim

Fill in the details below. This form can be filled or computer using Adobe Acrobat (free to download Completed by Traveller.		Start date:	/ /	End date	: /	/
Name and address		Event attendi	ng			
Items Please provide GST receipts Please only attach receipts in PDF format*			Amount	GST receipt unt attached as PDF (please tick)		
Meals - Actual and reasonable expenses may Breakfast \$29.60; Lunch \$23.70 (unless prov			vernight).			
				:		
				:		
				:		
				:		
Transport (mileage rate 0.95c per km)				·		
				:		
				:		
				:		
Others (specify)						
				:		
				:		
				:		
			TOTAL	:		
*AdobeScan is a free and easy to use app you can u Please DO NOT convert a picture to PDF as our sy. Payment is made by direct credit to your bank	stem cannot process	these.	(please do r	not use a credi	t card acco	ount).
Bank Branch no. Acco	unt no.		Suffix			
I CERTIFY that the above particulars are true ar and that the claim is reasonable.	nd correct		AUTHORI	SATION		
Signature of claimant D Cost Centre (see below)	ate Au	thorised by			Date	
NOCPS Community Public Services NGCPS CPS Sector Committee NODHB District Health Boards NGDHB DHB Sector Committee NOLG Local Government NGLG Local Govt Sector Committee	NOSS State NGSS State NODEL Deleg	c Service Sector Com Sector Sector Committee gate Education utive Board ka	1 1 1	NGYOUTH NGECO NCETHIC NGHS	Women's Ne PSA Youth Eco-reps Net Ethics Netwo Health & Safe OUT@PSA	twork ork

NGTRONTA Nga Toa Awhina