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 downlow Completed by Traveller.		Start date: /	/	End date:	/	/
Name and address		Event attending				
Items Please provide GST receipts Please only attach receipts in PDF format*				Amount	GST receipt nount attached as PDF (please tick)	
Meals - Actual and reasonable expenses may Breakfast \$29.60; Lunch \$23.70 (unless prov			ight).			
				•		
				•		
				:		
				:		
Transport (mileage rate 0.95c per km)			····· ·		.	
				:		
Others (specify)			:			
				:		
				:		
				:		
			OTAL			
*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.	ase do no	ot use a credit	: card acc	ount).
Bank Branch no. Acco	ount no.	:	Suffix			
I CERTIFY that the above particulars are true ar and that the claim is reasonable.	nd correct	AU	THORIS.	ATION		
Signature of claimant D Cost Centre (see below)	Pate 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	NOSSStateNGSSStateNODELDeleg	c Service Sector Committe Sector Sector Committee Sate Education Utive Board ka	N(N(N(GYOUTH P GECO E CETHIC E GHS H	Vomen's Ne SA Youth co-reps Net thics Netwo Health & Saf DUT@PSA	twork ork

NGTRONTA Nga Toa Awhina