

# New Zealand Federation of Multicultural Councils Inc

Please return completed form to Treasurer:

PO Box 1409. WGTN. Phone: 04 9169177

## REQUEST FOR REIMBURSEMENT/ EXPENSE CLAIM FORM

Request will not be reimbursed unless all tax invoices and dockets are attached as evidence of your claim

Name of Claimant: \_\_\_\_\_ Home Phone \_\_\_\_\_

Position and Organisation: \_\_\_\_\_ Work Phone \_\_\_\_\_

Contact Address: \_\_\_\_\_ Mobile: \_\_\_\_\_

Additional Delegate`s Name \_\_\_\_\_

Travel Expenses incurred for : Meeting held on \_\_\_\_\_ In \_\_\_\_\_

Description	Docket No	Amount \$	
<b>Air Fare Single/Return</b> From:..... To.....			
From:..... To.....			
<b>Taxi Fare</b> From:..... To.....			
From:..... To.....			
<b>Car Expenses</b> .....Km @			
<b>Accommodation &amp; Meals</b>			
Give details of Motel /Hotel etc			
<b>Other Expenses</b>			
Give full details			
<b>Total Amount Claimed \$</b>			

Amount Claimed in Words: \_\_\_\_\_

Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Account Details of Claimant \_\_\_\_\_

<b>OFFICE USE</b>	<b>Approved for Payment By:</b>
	Allocation * : .....
Treasurer: .....	_____
President/ Vice President : .....	Date .....
Secretary: .....	Date .....

- Notes:
1. Proof of Payment by Credit Card is not sufficient. Please provide GST invoices or GST receipt from supplier.
  2. Please ask your supplier to write invoices and receipts in the name of  
" **New Zealand Federation of Multicultural Councils Inc** " or NZFMC
  3. Details of Allocation \*      Project/ Meetings/ Administration/ Misc.

**You may provide additional notes and workings on the back of this form**