

EXPENSES FORM



SEND TO:

treasurer@nzifsa.org.nz

YOUR DETAILS:

Name:	
Address:	
Email:	
Phone:	

PAYMENT DETAILS:

Payment to be deposited into the following bank account:

Account Name			
Bank & Branch			
Account Number			

EXPENSES:

Tax invoices must be submitted along with this expense claim. Invoices must show payment or else a receipt must also be supplied. For domestic air travel, please ensure that you attach the portion of your e-ticket where it says "tax invoice". Items purchased by AirPoints dollars, or similar, are not expenses. Please refer to the NZIFSA Travel and Reimbursement Policy for additional information regarding reimbursement of expenses.

Date	Details	Amount
TOTAL:		
AMOUNT REQUESTED:		

SIGNATURE:

I declare that these expenses were incurred for an authorised purpose and fulfill all the terms of the Travel and Reimbursement Policy and any other applicable NZIFSA Policy Documents. I also agree, if this is a prepaid expense for an event and I am unable to attend, I will reimburse NZIFSA in full within 30 days of notification.

Signed: _____ Date: _____

Office use only:

Date Paid:	Amount Paid:	Reference #