

# General Expense Claim Form

Submit prior to 10th of the Month

## DIOCESE OF WAIKATO & TARANAKI - TRAVEL AND EXPENSES CLAIM FORM

104 Morrinsville Road, Charlotte Brown House, Hillcrest, Hamilton 3216

Email: [admin@wtanglican.nz](mailto:admin@wtanglican.nz)

<b>Name:</b>		<b>Dated:</b>
<b>Address:</b>		
<b>Telephone:</b>		<b>** Bank Account No#</b>

**\*\* First time claims require proof of bank details, including the bank logo, full bank account number and account name.**

This can be a screenshot or photo or a deposit slip.

### A. Use of Car Claim

Date	Journey to	Purpose	Ctr/Dept/Code	Total kms
<b>Total kms:</b>				
<b>To Claim @ 53c/km</b>				\$ -

### B. Petrol costs for hire cars (receipts attached)

Date	Journey to	Purpose	Code/Ctr/Dept	Amount
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>Petrol Costs Total:</b>				\$ -

### C. Other Expenses (specify and attach receipts)

Date	Supplier	Purpose	Code/Ctr/Dept	Amount
				\$ -
				\$ -
				\$ -
				\$ -
<b>Other Expenses Total:</b>				\$ -

**TOTAL CLAIM** \$ -

OFFICINALLY USED

Code/Ctr/Dept	Coding - Amount Totals	Signature of Person Claiming:	
	\$ -		
	\$ -		
	\$ -	Dated:	
	\$ -	Diocese Manager - Signature of Approval:	
	\$ -		
	\$ -		
	\$ -		
<b>TOTAL to CLAIM</b>	<b>\$ -</b>	Dated:	

All Payments are made by Direct Credit on or before the 20th of the month if Claim Forms are submitted before 10th of the month.