

**Methodist Church of New Zealand
Te Hahi Weteriana O Aotearoa**

Reimbursement Claim

Name:

Address:

.....

.....

Meeting attended:

Car Travel kms at .41 cents per kilometre \$.....

Meals \$.....

Other Expenses \$.....
(please give details)
.....
.....

Total Costs \$

*Please attach all originals of supporting vouchers, receipts, petrol vouchers etc,
especially GST tax invoices*

-
- Please mail a cheque to me at the above address
Or
- Please direct credit my bank account number:
(please attach an encoded bank deposit slip)
-

The completed form should be forwarded to:
Administration Division
Methodist Church of New Zealand
PO Box 931
CHRISTCHURCH 8140

Signature: Date: