



Paralympics New Zealand Inc

Expense Claim Form

P O Box 99178

NEWMARKET

AUCKLAND

TEL: 09 5260 760

Email: info@paralympics.org.nz

www.paralympics.org.nz

Event:
Country:
Name:
Address:
Bank Account Details:
Date:

Item Claimed	Receipt Attached	Date	Currency specify NZ \$ or Foreign	Amount in Foreign Currency	<i>For Office Use Only</i>	Exchange Rate	Total (NZ)	GL Code
<i>PNZ Approved / Not Approved</i> <i>PNZ Signature</i> <i>Date</i>							Total	

Notes:

The item claimed refers to activities such as fuel, accommodation, travel at 42 cents per km (when using your own transport), meals etc. If you have any queries please call 09 526 0760 or email info@paralympics.org.nz