



U.F.B.A.
UNITED FIRE BRIGADES'
ASSOCIATION OF NEW ZEALAND

UFBA EXPENSE CLAIM

MUST BE RECEIVED NO LATER THAN 30 DAYS OF DATE EXPENSE INCURRED
Original GST receipts must be included

DETAILS OF CLAIMANT		
FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
BRIGADE:		
ADDRESS FOR REMITTANCE:		
YOUR BANK ACCOUNT No.		
EVENT:		
EMAIL ADDRESS:		

DETAILS OF CLAIM – Expenses Incurred – please include dates	Amount (incl GST)
TOTAL incl GST	\$

MILEAGE CLAIM FOR ACTUAL VEHICLE USED			
<input type="checkbox"/>	Up to 1500cckm @ 48.8c/km	\$
<input type="checkbox"/>	1501 – 2000cckm @ 59.2c/km	\$
<input type="checkbox"/>	Over 2000cckm @ 73.5c/km	\$

VEHICLE DETAILS – please complete in full to ensure your claim is accepted		
REGISTRATION No:	OWNER:	
MAKE:	MODEL:	CC:
PASSENGER NAMES:		

I certify that the expenses claimed above have actually been incurred by me while on UFBA business, and is in accordance with policy. This includes the correct cc rating and full details of any vehicle associated with any mileage claim.

Signed: Date:.....

UFBA OFFICE USE ONLY I approve and authorise payment of the above expenses in accordance with policy.

Signed:..... Date:.....

Name:.....

SEND COMPLETED FORM TO:

United Fire Brigades' Association | PO Box 56079 | Tawa | Wellington 5249 | Fax: 04 237 2680