



NZIHA Reimbursement Form



Name Authorized by Per Mile Reimbursement
 Department Date Submitted Total Reimbursement Due
 Email Bank Bank Acct #

Date	Expense Reason	Expense Detail	Travel to/ From	K'Metres	Other	Receipt Yes/No	Claim Amt
<u>NZ Road Distacne Calculator: http://www.tourism.net.nz/new-zealand/nz-driving-distance-and-time-calculator.html</u>							
TOTAL CLAIM							\$0.00

Attach or Scan receipts as necessary or required when submitting claim. Send to krys.beardman@xtra.co.nz

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