**RSCDS NZ BRANCH INC. WAIKATO/BAY OF PLENTY REGION**

Expenses Claim Form Year: 2021/2022

**PLEASE ATTACH RECEIPTS TO SUPPORT YOUR CLAIM**

(scanned & emailed copies are acceptable)

If you are **not** providing receipts, please sign below to declare that these are reasonable expenses incurred on behalf of the Region.

|  |  |
| --- | --- |
| Event | Date |
|  |  |
|  |  |
| Description of expenditure | Amount |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Subtotal |  |
| Less cash advanced to you |  |
| Total owing to you |  |

|  |  |  |
| --- | --- | --- |
| Claimant | Signature | Date |
|  |  |  |

Please provide your bank account details for direct reimbursement:

|  |  |
| --- | --- |
| Account Name | Account Number |
|  |  |

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For Region Treasurer’s use only:

|  |  |  |
| --- | --- | --- |
| Approved at meeting on | Claim no. | Payment date |
|  |  |  |