

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

## Expenses Claim Form

### 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

For Region Treasurer's use only:

Approved at meeting on	Claim no.	Payment date