



New Zealand Amateur  
Rock'n'Roll Association Inc.



REIMBURSEMENT FORM

NAME.....

EMAIL ADDRESS.....

POSITION.....

DETAILS OF CLAIM

TOTALS

Travel...(please list kms travelled or attach receipt for flights etc)

.....

..... TRAVEL \$ \_\_\_\_\_

Accommodation (attach motel receipt)

.....

..... ACCOM \$ \_\_\_\_\_

Other

.....

..... OTHER \$ \_\_\_\_\_

Signed By:.....

(Claimant)

TOTAL AMOUNT OF CLAIM \$ \_\_\_\_\_

Complete below or attach a deposit slip if you would like your reimbursement banked

Pay into ..... Bank Account Number.....

*Executive Use Only*

*Paid Cheque No.....*

*Approved By.....*

*(Signature of Executive Member)*

*Issued By.....*

*(Treasurer or Co-Signatory)*

*Executive Meeting Date..... (Approved at)*