



## TE AKORANGA PLAYCENTRE ASSOCIATION – MILEAGE EXPENSE CLAIM FORM

- Remember to attach all tax invoices
- Remember to ensure the appropriate Convenor has signed off this form
- Mileage is paid on the shortest route between two places – refer to the Association Mileage Policy

Name \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

DATE	KMS	DESTINATION	PURPOSE
Total Km's		@ .40c per km = \$	

### OTHER EXPENSES

DATE	GOODS / DETAILS	PURPOSE	COST
<b>TOTAL CLAIMED \$</b>			

TOTAL Km's		CODE:	\$	Your Signature:
		CODE:	\$	
		CODE:	\$	CONVENOR Signature:
		CODE:	\$	
		CODE:	\$	
		<b>TOTAL PAID</b>	\$	