

OPMF40 – EXPENSE CLAIM FORM

CLAIMANT DETAILS

Claimant Name PIN.....

Address

.....

.....

.....Postcode.....

Contact Telephone Date/...../.....

CLAIM AMOUNT

Total amount claimed \$.....

DECLARATION

I declare that the details on this form are true and correct.

Signature

IMPORTANT NOTES FOR CLAIMANTS

1. The amounts and details of this claim must be itemised on the reverse side of this form.
2. The original receipt or receipted account must be attached for every item being claimed.
3. Receipts should include the GST amount and the GST number of the supplier.
4. Any receipt for an amount over \$100 must be accompanied by an itemised account.
5. Pre-approval from the CEO must be obtained before committing to large expenses.
6. All items being claimed must have occurred within the previous twelve months.

APPROVED

CEO Name PIN.....

Signature Date/...../.....

NZHGPA OFFICE USE

