Committee Mileage Claim Form

Name: _____

Date submitted: _____

Date	From	To	Purpose of trip	Odometer Start	Odometer End	KMs travelled

Total KMs: _____
Rate (per km): 35c
Total to claim: $_____

Payment details (if needed):
Bank account or how to pay you: _____
Approved by: _____
Date approved: _____

Send completed form to treasurer@allpointscampingnz.org.