

Committee Mileage Claim Form

Name: _____

Date submitted: _____

Date	From	To	Purpose of trip	Odometer Start	Odometer End	KMs travelled
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Total KMs: _____

Rate (per km): 35c

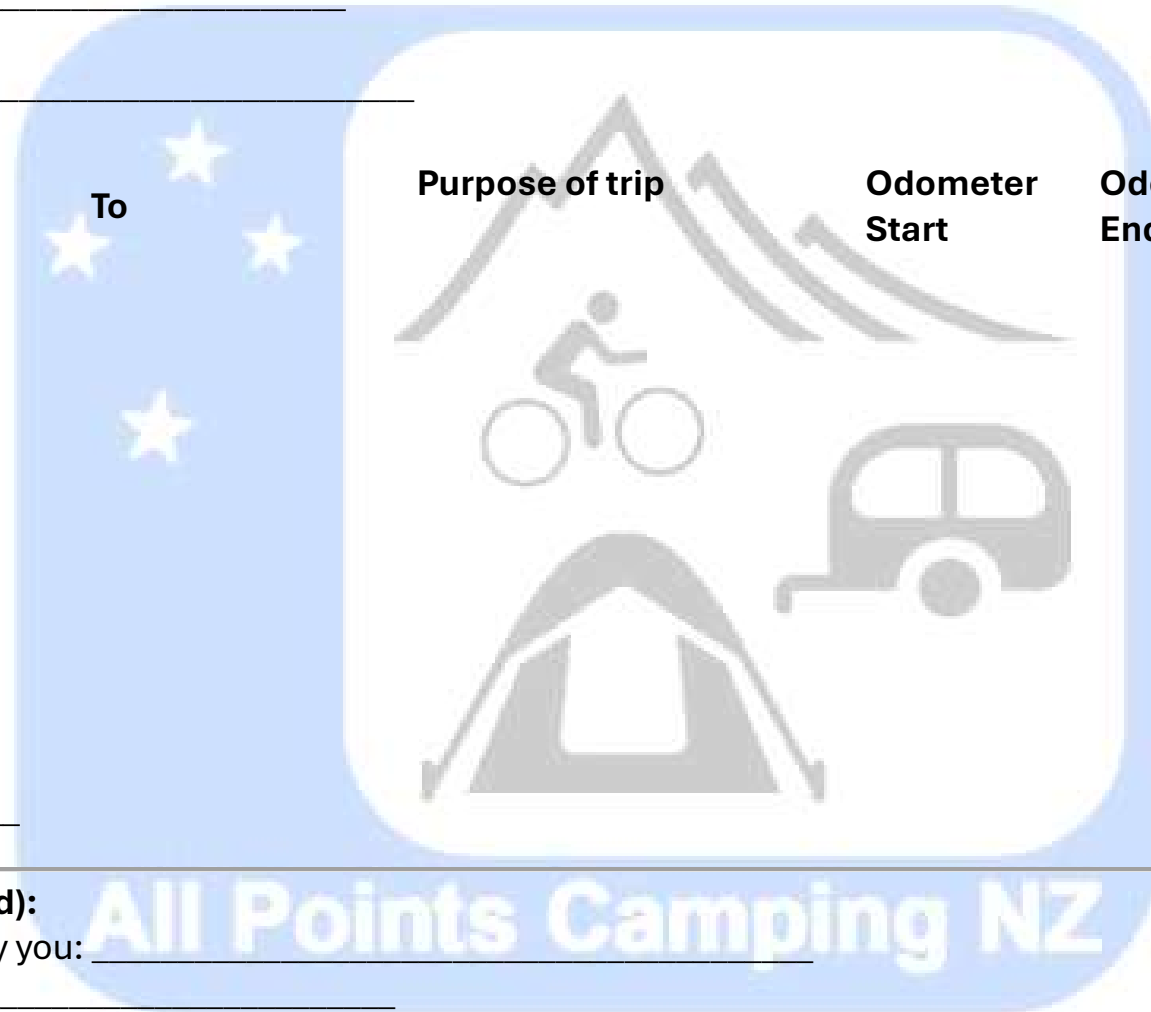
Total to claim: \$_____

Payment details (if needed):

Bank account or how to pay you: _____

Approved by: _____

Date approved: _____



Send completed form to treasurer@allpointscampingnz.org.