

Administrator Claim for Travel Expenses

Please return to Operations Manager for approval

NAME			
KINDERGARTEN			
Bank Account No. for Payment			
Date of Travel	Reason for Travel Include From/To	Distance (Kilometres)	Amount of Claim
		TOTAL	\$

Claims must be made by the end of the term in which they were incurred

1. I confirm that the above expense was incurred under the conditions of the **Expenses -Travel** Policy
2. I confirm that the vehicle used has a current Warrant of Fitness, insurance cover and I have a current NZ Drivers Licence

Signature _____ Date _____

Approved by Head Teacher _____ Date _____

Date Actioned by Finance _____