Hutt City Kindergartens

Claim for Travel Expenses

Please return to PPM Team 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 PPM _____ Date _____

Date Actioned by Finance _____