

New Zealand Orthopaedic Association

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Expense Claim Form

Name:

Approved By:

Meeting/Business:

ATE	DESCRIPTION	TRANSPORT	ACCOMMODATION	MEALS	OTHER	то

Bank Account For Reimbursement Deposit- Bank: Account Number:

Signature:

GST receipts <u>must</u> be submitted with this claim. For mileage claims please also enter your mileage @ \$1.04 per kilometre Please attach copies of all your receipts