



Motorcycling New Zealand  
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## EXPENSE CLAIM FORM

*Please ensure all receipts & invoices are attached for each claim*

Name:
Address:

Your GST number (if applicable)	<i>Please provide bank account name and number if direct credit is the preferred method of payment.</i>

Items or Km's travelled	x.70c per km	Description	Total
subtotal			
GST if appl.			
<b>TOTAL</b>			

*Please note MNZ will pay all accounts at the 20<sup>th</sup> of each month, unless otherwise stated in this column*