

**Lutheran Church of New Zealand
Travel Claim Form**

LCNZ Treasurer
P O Box 12470
Wellington 6144



I/we wish to apply for re-imburement for the following Travel.

Name

Address

.....

.....

Phone

Form of Travel (a) Car(kilometers traveled)
 (b) Bus or Train(fare paid)
 (c) Air(fare paid)

Amount Claimed \$.....

- Notes**
1. Car Travel Claims
 The reimbursement rate is 30 cents per kilometer from 01.02.2011

 2. Bus/Train/Air Fare Claims
 The tax invoice from the travel provider must be appended to this claim form.

 3. Bank account details if you wish to be reimbursed by bank payment

Signature