

Motor Vehicle Monthly Reimbursement Form

Pastors/Bishop

Name: _____

For Month Ended: ___/___/___

Vehicle Odo Reading first day of month _____ km's

Vehicle Odo Reading last day of month _____ km's

From each 1 January, no reimbursement is due until Total Reimbursable Km's exceeds 5,000 km's YTD on a calendar year basis.

Last Months Total Reimbursable Km's YTD [A]	Parish Related Km's for the Month [B]	National Office Km's for the Month [C]	Total Reimbursable Km's YTD [A+B+C]

When YTD Kilometres are More than > 5,000 kms:

Parish Related Km's for the Month (To Be Paid by Parish)	National Office Km's for the Month (To be Paid by LCNZ)	Reimbursement Rate c/Km (@ Ave AA Rate)	Reimbursement
		\$0.27	\$
		\$0.27	\$

Signed: _____

Date: ___/___/___

For Treasurer's Use	
Amount Paid	\$
CHQ or DC Ref	#
Date	/ /
Signature	

Copy sent to LCNZ Treasurer
c/- National Office

Survey of Expenditure of Non-Taxable Reimbursing Allowances – Pastors/Bishop

Name: _____

For Month Ended: ___/___/___

*Suggested rates for Hospitality in Manse:
Breakfast \$6.00, Morning/Afternoon tea \$2.50, Lunch \$10.00, Dinner 15.00, \$ Bed \$12.00*

List expenses which have been incurred in your capacity as Pastor/Bishop which have not also been claimed and separately reimbursed by the congregation or National Office.

Date	Paid to & Description	Research \$	Other Allowance \$	Hospitality \$
Total For Month		\$	\$	\$

Signed: _____

Date: ___/___/___

Copy sent to LCNZ Treasurer
c/- National Office