



NZIHA Reimbursement Form



Name
 Authorized by
 Per Mile Reimbursement

Department
 Date Submitted
 Total Reimbursement Due

Email
 Bank
 Bank Acct #

Date	Expense Reason	Expense Detail	Travel to/ From		K'Metres	Other	Receipt Yes/No	Claim Amt
						TOTAL CLAIM		

Attach or Scan receipts as necessary or required when submitting claim. Send to krys.beardman@xtra.co.nz