



Office Holders Expense Claim Form

Email: [office@firefighters.org.nz](mailto:office@firefighters.org.nz)  
Postal: P o Box 30 777, Lower Hutt, 5040

Details	Claim One	Claim Two	Claim Three
Date			
Membership Number			
Members Name			
Nature of Business			
Cost of Purchase			
Mileage Cost @.95 cents per Km			
Total Claimed			

I declare all the above claims are correct and adhere to the Firefighters Welfare Society Rules and Policy. All receipts for purchased MUST be attached

Name .....

Position Held .....

Contact Number.....

Signed .....

Date .....

Bank account number for payment

Bank	Branch	Account Number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Office Use Only

Payment Authorised Yes/No

Authorised By: .....

Payment details

Date ..... Amount.....