



Mileage Reimbursement Form

Adventist Education • New Zealand

Name: _____

School: _____

Event attended: _____

Date of event: _____

Vehicle Mileage Claim:

Total *return* distance from your home or school: _____ km

Please pay directly into my bank account

Account name: _____

Account number

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Teacher's Signature: _____

Please hand completed form directly to the event organiser or secretary or send via fax 09 2625621 or email gbeissner@adventist.org.nz

Standard Mileages (to Manukau City from School)

School	Approx Return distance
Tauranga	360 Km
Rotorua	430 Km
Hamilton	240 Km
Whangarei	360 Km

Office Use:

Authorised by: _____

_____ Km @ _____ cents/Km

Reimbursement for mileage: \$ _____

Charge to Account # _____

Direct credited to Bank Account above.

Date: _____