Reimbursement Claim Form
for a Sponsored Replacement Teacher

Adventist Education • New Zealand

School: _____

Name of Teacher being Replaced: _____

Date(s) Applicable: _____

No of days claimed: _____

Reason for Replacement: _____

Amount Claimed: $ _____

In order for Adventist Education to pay out any claim, we need to have the original documents. This document must include a GST number – be a full GXST receipt/invoice

Please pay directly into the following account:

Account Name: _____

Account Number

Principal's Signature: _____

Please mail completed form to Adventist Education, Private Bag 76900, Manukau City, Auckland or fax to (09) 2625621 or email to gbeissner @adventist.org.nz

Office Use

Authorised by: _____

Replacement teacher at: _____ School

Reimbursement Amount: $ _____ *Charge to Account:* _____

Date Authorised: _____ *Date Credited to Bank Account:* _____