



Reimbursement Claim Form for a Sponsored Air Travel

Adventist Education • New Zealand

Name: _____

School: _____

Itinerary

Event Attended: _____

Date(s) of Event: _____

Travel From: _____

Travel to _____

Return to: _____

Amount Claimed: \$ _____

Please attach your full itinerary and original receipt/proof of purchase to this form. 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

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Teacher'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](mailto:gbeissner@adventist.org.nz)*

Office Use

Authorised by: _____

Air Travel from: _____ to: _____ Return to: _____

Reimbursement

Amount: \$ _____ Charge to Account: _____

Date Authorised: _____ Date Credited to Bank _____

Account: _____