



## Reimbursement Claim Form - Non Staff

Attach ORIGINAL Receipts/Paid Invoices to the back of this form.  
Claims MUST be authorised by HoD/PVC/Delegated Authority in all cases.

Please provide a bank account number (please attach deposit slip)

Finance One Document File No.	
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Claimant Name:

[illegible]

Claim for use of Private Motor Vehicle on University Business:

Claim for use of Private Motor Vehicle on University Business:		
Trip Date	Destination and Purpose of Trip (or attach copy of log book)	Km Run
<b>Account Code:</b> (Dissection: 3371)		<b>Total Km</b> <b>Rate per KM</b> <b>NB: No GST claimed on mileage claims) TOTAL</b>
		\$

TOTAL REIMBURSEMENT CLAIM 

\$
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Claimant's Signature		
Approver's (HoD/Delegated Authority Signature):		
Approver's Name:		
Cost Centre Name:		Date:

**Upon Completion of this form, the signed form needs to be returned to the Accounts Payable Office, Financial Services Division.**

**Or Fax to: 03 479 7996**

Or Scan the completed and signed form and email to: [accounts@otago.ac.nz](mailto:accounts@otago.ac.nz)