

REAP CENTRAL PLATEAU

Administration Officer
PO Box 1000
TAUPO

Staff Travel Claim Form

NAME: _____

REASON FOR TRAVEL: _____

PROGRAMME: _____

DATE	DESTINATION/RETURN	KM	\$	Ledger
KM RATE:				
TOTAL CLAIM			\$	

I certify that this claim is true and correct in every particular

_____ CLAIMANT

_____ DATE

_____ APPROVED BY PROGRAMME LEADER