# Expense Claim Form

NewWine
*Local churches changing nations*

**EVENT**

**PERIOD or DATE**

**Name**
**Address**

**Email**
**Bank Account**

| Date | Details (include purpose) | Amount | Office Use |
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| ATTACH ALL RECEIPTS TO THE BACK. RECEIPTS MUST HAVE A GST NUMBER | | | |
| | **TOTAL** | | |

**SIGNED** _____ **DATE** _____

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**AUTHORISED:** NAME (Capitals) / Date / Signature

**OFFICE USE**

Date paid: Method: Internet / Cheque / Cash

New Wine New Zealand, 60 Princess Street, PO Box 5436, Palmerston North 4441
06 951 0622 or 0800 639 9463 admin@newwine.org.nz newwine.org.nz
Charities Commission Registration Number CC254017