TE HUNGA RANGAHAU MĀTAURANGA O AOTEAROA
NEW ZEALAND ASSOCIATION FOR RESEARCH IN EDUCATION

NZARE

Travel and Expense Claim Form

Name _____ Phone No. _____

Institution _____

Postal Address _____

_____

Email Address_____

Account Number (*preferred option*) _____

Date	Description (*NZARE, NZJES?)*	Amount	Receipts attached
	TOTAL		

Note: Mileage will be paid at the rate of 72 cents per kilometre

I declare the details above are correct

Signed_____ Date_____

Send form to NZARE Secretariat, admin@nzare.org.nz

(P O Box 46014 Park Ave, Lower Hutt)

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