

## **Staff Expense Claim Form**

APPLICANT DETAILS	S (Employee to complete)					
Employee Name and Surname:		Employee I	Employee ID:		Contact no:	
Email:		Position title:				
Department:		RC Code:				
Reason for Claim: Cour Deta		CME	Other			
Invoice/Receipt	Expense item details/mileag	ge claimed	Expense	GST Y/N	Total \$	
Date (dd/mm/yy)		Code (See link <u>Here</u> )	(Office use only)			
					_	
				TAL update when you k and Update Field)	0.00	
	g documentation is not attache penditure not allowed by DHB Yes   Yes   Yes				nditure,	
Employee Signature:		Date:				
Authorisation						
Name and Surname:		Authoriser's Employee ID No.:				
Signature:						

Notes: - Forward claim form and supporting documents to Expense Claims Team, Ground Floor Hockin Building

- All claims received by the Thursday preceding the employee's pay run will be processed for that pay run. You will receive an e-mail confirming the amount and details to be paid once processed.
- For help completing form and what documentation is required please see "Employee Guide to Expense Claims" or contact Expense claim team at ExpenseClaim@waikatodhb.health.nz or Ext. 97223
- For Course and conference and travel expense claims please attach copy of signed Travel Request/Course and Conference form
- All travel and accommodation bookings (except CME) must be made through Waikato DHB travel office If you paid in a foreign currency that was converted to NZ\$ on your credit card, you can claim the NZ\$ you actually paid by submitting a copy of your credit card statement to show this. If you do not have a NZ\$ conversion as described above please just submit the foreign currency amount you paid and we will apply the ruling exchange rate at the date of the claim being processed.