



ESNZ Jumping New Zealand Expense Claim Form

Name of Claimant: (If not for you who is this for)?

Position: What is your position? (Judge, Admin, Delegate etc.).

Date	Detail: What are you claiming for.	Amount (NZD)	Code: (ESNZ to fill)
Bank Account #			
Total(NZD)			

**Please Provide Receipts for all claims.
For Mileage please inform us where you were travelling to and from**

Signature of Claimant _____ **Date:**_____

Approved Signature _____ **Date** _____