

Name (In capital Letters Please)	
Employee Code	
Location and Cost Centre	

If this cost relates to one specific contract, list here:

Date	Description	Amount	Receipt Attached

TOTAL AMOUNT OF CLAIM	\$
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Employee Signature:		Approved By Signature:	
Date:		Name:	
		Designation:	

NOTE: Claims must be approved by your Regional Manager. Receipts must accompany all claims.

The approved claim amount will be paid directly into your bank account, as per payroll records. Should your bank account change, please kindly inform payroll as well as accounts as we are 2 separate departments.

For SW, please kindly send completed form to your admin team to investigate, they will then send approved claims through to accounts.

For all other staff, please send completed form with approval to accounts@access.org.nz. Incomplete forms will not be processed.