

New Zealand Qualifications Authority

Meeting Claim Form

Payment to:
Address:

Have you previously received payment from NZQA during the last tax year (tick box if yes) and state IRD number

IRD number

Tick appropriate boxes.							
<input type="checkbox"/>	NCEA level one	<input type="checkbox"/>	NCEA level two	<input type="checkbox"/>	NCEA level three	<input type="checkbox"/>	Scholarship
<input type="checkbox"/>	Examiner	<input type="checkbox"/>	Materials Developer	<input type="checkbox"/>	Materials Critiquer	<input type="checkbox"/>	Independent Checker

GST registered taxpayers please attach a GST Tax Invoice.

Purpose of Meeting:

Meeting Fees	Operational Expenses Attach receipts for all items over \$5
Meeting Dates:	Parking \$
.....	Use of private car:
___ day/s @ \$ ___ per day \$	___ km @ 62c/km \$.....
	Other (give details) \$.....
Fees Total:	Expenses Total:

I certify that this claim is correct

Signature:.....

Date:/...../200_

NZQA use only:

Date received:

Cost Centre/Activity/Resource Code

\$	
\$	

Manager's Approval:

Date:

 / / 200_

Initial and date:

OPO / / 200_

NAF / / 200_

SC / / 200_