

The New Zealand Firefighters' Welfare Society

Private Bag 31999

Lower Hutt

W.S.D.O. Expenses Claim Form (ECFWEB)

Details	Claim 1	Claim 2	Claim 3	Claim 4
Member's name				
Member's number				
Date				
Nature of Business				
Purchases				
Cost of above				
Kilometres				

I declare that the above claims are correct

Name _____ Position _____

Signed _____ Date ____/____/____

Bank account for refunds

Bank				Branch				Account Number						Suffix					

OFFICE USE ONLY

Claim #	Kilometres	Cost	Code	Amount

Cheque #	Direct Credit Y/N	Amount	Date	General Ledger #