

FLORAL ART SOCIETY OF NEW ZEALAND Inc.

Please return to FASNZ Treasurer, Sharon Beckett, 16 Everard Place, Ngongotaha 3010
Email: treasurer@fasnz.org.nz

AGM AREA EXPENSES CLAIM FORM

NAME of Claimant: _____

AREA: _____ EMAIL ADDRESS: _____

ADDRESS: _____

DESCRIPTION OF CLAIM: _____

EXPENSES – Please itemize and attach original receipts and/or copy of tax invoice.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	<u>TOTAL</u> \$ _____

SIGNATURE of CLAIMANT _____ Date _____

FASNZ Fraud and Theft Policy:

All members who claim expenses from FASNZ must ensure that the claims are valid and supported by invoices and/or receipts.

Under the Fraud and Theft Policy, Management Board are responsible to ensure all expense claims are diligently accounted for.