



**The Society of Cardiopulmonary Technology (NZ) Incorporated**

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**MILEAGE CLAIM FORM**

An expense reimbursement for mileage is awarded to

\_\_\_\_\_

For travel on SCT business between:

\_\_\_\_\_ and \_\_\_\_\_

On the date: \_\_\_\_\_

Reason for travel: \_\_\_\_\_

Distance travelled: \_\_\_\_\_

Calculated at 73c per Km

Reimbursement amount \$ \_\_\_\_\_

\_\_\_\_\_

Authorised by the Council of the Society of Cardiopulmonary Technology.

Date: \_\_\_\_\_

Reimbursement must be approved by 2 council members:

\_\_\_\_\_

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*Date paid:*

*Cheque no:*

*Or Internet payment date:*