

NEW ZEALAND HIGHLAND CATTLE SOCIETY INC



Treasurer:

J McDonald
220 B Oturoa Rd
R D 2
Rotorua 3072

BULL ASSESSMENT EXPENSE CLAIM FORM

Name.....

Postal Address.....

.....
.....

Date	From	To	Kilometres @ .30c per km	TOTAL \$
.....	\$.....
.....	\$.....
.....	\$.....

Accommodation/Meals (If applicable)
Attach receipts please
Details

..... \$.....
..... \$.....
..... \$.....

TOTAL \$ _____