

NEW ZEALAND HIGHLAND CATTLE SOCIETY INC



Treasurer:

J McDonald
220 B Oturoa Rd
R D 2
Rotorua 3072

COUNCILLOR TRAVEL CLAIM FORM

Name.....

Postal Address.....

.....
.....

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

Other Associated Expenses
Attach Receipts please
Details

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

TOTAL \$ _____