



**TRUSTEE  
FUEL / TRAVEL  
CLAIM FORM**

**Please present this form at the next SLTB meeting  
or email to [treasurer@sixtuslodge.co.nz](mailto:treasurer@sixtuslodge.co.nz)**

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

**Claim made by:** \_\_\_\_\_

**DETAILS:**

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**STANDARD CLAIM \$60.00 PER  
TRIP  
(fuel receipt attached)**

**\$**

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**PAY TO BANK ACCOUNT No:**

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**EMAIL:** *SLTB Treasurer*

*Checked:*

April 2024

*Date Paid:*

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