|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Annual Conference 2024Claim form for Delegates, Te Huarahi & Executive members only(Observers must claim expenses through their region) | | | | | | | | | | | | A black and red logo  Description automatically generated | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Name of payee:** | | |  | | | | |  | Office use only | | | | | | | | |
| **Email:** | |  | | | | | | Analysis | | | | $ | | | c | |
| **Address of payee:** | | | |  | | | | GC2162 | | | | | | | | |
|  | | | | | | | | GC2164 | | | | | | | | |
|  | | | | | | | | GC2166 | | | | | | | | |
|  | | | | | | | | GST | | | | | | | | |
|  | | | | | | | | Payment approved: | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| GST tax invoices – you must attach receipts for all items claimed eg. bus, taxi, food, parking, accommodation, etc. | | | | | | | | | | | | | | | | | |
| Reimbursement rates: | | | | | | * Mileage = $1.04 cents per km * Lunch allowance = $20.00 * Evening meal allowance = $45.00 | | | | | | | | | | | |
| Travel expenses: | | | | | | | | | | | | | | | | | |
| Date | **from** | | | | **to** | | mode of transport | | | **kms** | **@$1.04/km** | | | | **$** | | **c** |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Miscellaneous expenses** (please attach receipts)**:** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Childcare claim** (See over - signed childcare form must be completed): | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | |  | | | |

Claims are reimbursed via direct credit to your bank account. Please advise bank account number (all 15 digits) or attach a bank deposit slip. A remittance will be emailed advising any reimbursements made.

|  |  |
| --- | --- |
| **My bank account number is:** |  |

I hereby certify that the above claim is accurate and that the expenses listed therein, have been properly incurred in the course of Association business.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

Please place form in box at end of conference or email to:

[lmckenzie@ppta.org.nz](mailto:lmckenzie@ppta.org.nz)

|  |  |
| --- | --- |
| Meals, accommodation and reimbursement info |  |

**Meals:**

All meals are provided at the Brentwood Hotel for the duration of conference. If you choose to eat somewhere else during conference you cannot claim for this expense.

A continental breakfast is provided at the Brentwood Hotel. If you wish to have a cooked breakfast, you will be charged an additional $6.00. You must pay for this before the end of conference (generally as you check out).

If you are staying at the Rydges Wellington Airport Hotel a buffet breakfast is included with your accommodation.

**Accommodation:**

When you check out of the hotel it is your responsibility to pay for:

* phone calls
* bar or alcohol charges
* laundry charges
* additional breakfast charges
* meal charges for anyone staying with you (eg family members)

As you check out please help us by:

* verifying the account is accurate before signing it
* settling any personal costs before you leave

**Reimbursements for delegates:**

For delegates flying to conference, you can claim:

* costs or mileage to and from your local airport (mileage will be reimbursed at $1.04 per km)
* car parking at your local airport

For delegates travelling from the Wellington, Hutt Valley, Wairarapa, and Manawatu-Wanganui regions, you can claim for:

# cost of public transport or

# mileage to conference (mileage will be reimbursed at $1.04 per km)

NB: mileage can only be claimed by the driver of the car (i.e. one claim per car)

For delegates from other regions who are entitled to fly but have chosen to drive, you can claim:

* equivalent cost of an average return airfare or mileage at $1.04 per km (whichever is the lesser)

Meals en route:

* delegates who need to have a meal en route will be reimbursed for actual and reasonable costs, up to a maximum of $18.00 for breakfast, $20.00 for lunch and $45.00 for dinner (not including alcohol). Receipts must be obtained
* delegates who are entitled to fly but have chosen to drive will not be reimbursed extra meals.

**Reimbursements for observers:**

* all hotel accommodation (including meals for the duration of the event) and airline travel are paid directly by PPTA national office and charged-back to regions after annual conference
* all claims for other observer expenses (ie. mileage, parking, shuttles, public transport, childcare claims, meals outside the timing of conference) should be sent directly to your regional treasurer for payment.  Please contact your regional treasurer for a claim form for reimbursement of these costs.

**Please ensure you include receipts for all expenditure with your claim form as no claims (except mileage)**

**will be paid without a receipt.**

**Please send in claims by 31 October 2024. Claims may not be paid until November.**

|  |  |
| --- | --- |
| Childcare claim form **(Observers must claim expenses through their region)** |  |

This form is to be completed by the child minder

To: [lmckenzie@ppta.org.nz](mailto:lmckenzie@ppta.org.nz)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| I, |  | | | | | | |
| looked after the children of | | |  | | | | |
| while they were attending PPTA Annual Conference | | | | | | | |
|  | | | | | | | |
| I have charged the amount of $ | | | |  | for the days between | | |
|  | | October and | |  | October 2024 | | |
|  | | | | | | | |
|  | I am a family member/friend and not GST registered | | | | | | |
| or | | | | | | | |
|  | I am/We are an agent or childcare centre and am/are GST registered | | | | | | |
|  | (please attach receipts) | | | | | | |
|  | | | | | | | |
| Signed: | |  | | | | Date: |  |
|  | |  | | | |  | |
| Email: | |  | | | |  | |
| Address: | |  | | | |  | |
|  | |  | | | |  | |
|  | |  | | | |  | |
| Phone: | |  | | | |  | |

Reimbursement will be at actual and reasonable amounts