

TANGATA WHENUA FORMS IWI/HAPŪ REPRESENTATIVES – MEETING FEE PAYMENT CLAIM

Full name:				
KMs travelled (return):				
Date of hui:				
	MEETING DETAI	ILS		
Select one:	Select one:	Select one:		
Formal meeting	Waiari kaitia	Waiari kaitiaki Advisory Group		
Workshop	Te Ohu Para	Te Ohu Parawai o Te Waiari		
Other	Te Ihu o te W	Te Ihu o te Waka o Te Arawa		
	Te Kāhui Maı	na Whenua o Taurango	a Moana	
Start time:	End time:	End time:		
Signed:				
	OFFICE TO COMP	PLETE		
Mileage claim:	KMs travel (as per IRD ro	*		
Meeting fee:		\$		
Total amount claimed:		\$		
GL Code:				
Manager approval / signatu	ıre:			
Next payment processing d	ate:			