**Backcountry Trust**

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| **Reimbursement Claim** |

*All claims must come through with itemised* ***TAX INVOICE*** *for each claim amount and*

***PROOF OF PAYMENT****. If a Grantee wishes BCT to make a payment directly to a Supplier then a* ***TAX INVOICE*** *from the supplier must be provided (this arrangement must be by* ***prior*** *agreement with BCT Grants manager).*

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Claim: |  | | |
| Project: |  | | |
| Contact Person: |  | | |
| Name of payee: |  | | |
| Bank Account of payee: |  | | |
| Total of original Grant: | **$** | Total of this claim: | **$** |

**Expenses claimed:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Item** | **Supplier** | **Receipt**  **Provided** | **Amount**  **(Inc GST)** |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
| **TOTAL OF THIS CLAIM** | | | | **$** |

Use a second page if required. Send claim to: manager@backcountrytrust.org.nz