# Ministry of Social Development logo

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# Boards & Committees - expense claim form for meeting attendance fees & other related expenses

## To be completed by Claimant

Name of Claimant:

Postal Address:

IRD number (only required for your first claim):

Bank Account to pay into (only required for your first claim):

**Notes:**

1. Withholding tax will be deducted from Meeting Attendance Fees
2. MSD require an IR330 form to be completed before making payment
3. Tax will be deducted in line with the IR330 form
4. The Ministry will only reimburse expenses that are agreed prior to meetings
5. Late changes to airfares (where appropriate) are to be arranged with your MSD contact. If this was not possible, please discuss before claiming.
6. Invoice to be produced for ‘Other’ Expenses
7. Please send completed form to your MSD contact person
8. Reasonable time will be allowed for preparation

### Meeting attendance fees (withholding tax will be deducted) Mileage Allowance, Actual and Reasonable expense (please attach invoices/ receipts)

Table 1

| **Ref** | **Meeting Date** | **Client Name (BRC meetings only)** | **Meeting Start and Finish Time** | **Meeting Prep Time** | **Mileage --Distance Travelled** | **Description of actual expense and amount** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

I certify that to the best of my knowledge, this claim is true and correct in every particular

Claimant’s signature:

Date:

## To be completed by MSD contact person (MSD Use Only)

**Claimant Employee number:**

**Meeting attendance fees**

Table 2

| **Cost Centre** | **Nominal** | **Project** | **Total meeting time** | **Unit Price (Hourly rate/ daily rate)** | **Total meeting fees- subject to WHT** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

**Mileage**

Table 3

| **Cost Centre** | **Nominal** | **Project** | **Total mileage** | **Mileage rate** | **Total mileage allowance** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

**Actual & reasonable expenses**

**Note:** Actual and reasonable expenses are paid by the National Accounting Centre (NAC). Therefore send a copy of this signed form with the invoices/receipts for this part of the payment to be completed.

Table 4

| **Cost Centre** | **Nominal** | **Project** | **Total expense** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## To be completed by MSD budget manager

Name of Budget Manager:

Signature:

Designation

Date: