

Travel Allowance Claim Form

The allowance is a fixed \$300 for an approved eligible applicant, regardless of the amount paid for travel. If two or more eligible applicants travel together in the same vehicle, only one person may claim for that vehicle journey. Please email the completed claim form and verified bank account number to office@wipere.co.nz

Applicant Details

Full name _____

Beneficiary number If known: _____

Claiming as ☐ Registered beneficiary ☐ Named Whānau Trust trustee

Complete only if claiming as a named trustee:

Whānau Trust name _____

Mobile number _____

Email address _____

Residential address _____

Travel Details

Method of travel ☐ Car ☐ Bus ☐ Plane ☐ Other: _____

Vehicle arrangement ☐ Travelled alone ☐ Shared with other attendees

Person claiming If shared, name the one person submitting the claim:

If the vehicle was shared, list the other AGM attendees travelling in the vehicle:

Full name

1

2

3

4

Bank Account Details

Please provide verified bank account evidence if these details differ from those currently held by Wi Pere Trust.

Account name

Account number

Applicant Declaration

I confirm that:

- I am eligible to claim under the Wi Pere Trust AGM Travel Allowance Policy.
- The information provided in this claim is true, complete and accurate.
- I understand that Wi Pere Trust may verify the information supplied and may decline, withhold or recover payment where information is false, misleading, incomplete or inaccurate.

Applicant signature

Date

____ / ____ / ____

Submission Checklist

- ☐ All required fields have been completed.
- ☐ The declaration has been signed and dated.
- ☐ Bank account evidence is attached if the account differs from Trust records.