



**The Society of Cardiopulmonary Technology (NZ) Incorporated**

c/o Cardiac Physiology, Level 3, Auckland City Hospital, Private Bag 92024, Auckland, New Zealand  
Website: [www.sct.org.nz](http://www.sct.org.nz) Telephone: +64 9 3074949 extn. 24323 Email: [edsec@sct.org.nz](mailto:edsec@sct.org.nz)

## MILEAGE CLAIM FORM

An expense reimbursement for mileage is awarded to: \_\_\_\_\_

For travel on SCT business between:

\_\_\_\_\_ and \_\_\_\_\_

On the date: \_\_\_\_\_

Reason for travel: \_\_\_\_\_

Distance travelled: \_\_\_\_\_

Calculated at 73c per km

Reimbursement amount: \_\_\_\_\_

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Authorised by the Council of the Society of Cardiopulmonary Technology

Date: \_\_\_\_\_

Council Member \_\_\_\_\_

Council Member \_\_\_\_\_

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Date Paid:

Cheque no:

Or internet payment date: