

EXPENSE CLAIM FORM / INVOICE



To ensure prompt payment, please complete all of the following in full and scan to accounts@ocg.co.nz or fax to 09 307 4889 with your timesheet.

Claimant Information	
Surname:	
First Name:	
Trading As:	
GST No.:	
Signature:	
Date:	
By signing this, you are certifying that the expenses listed below were approved by the client and incurred due to work.	

Notes:
Please ensure all expenses are GST inclusive and if you are a GST registered contractor, ensure you indicate the GST component in the box provided below.

Please indicate the GST component if you are GST registered.

Please retain all relevant receipts for your records.

Date	Description	Units	Rate		GST Inclusive
The total includes GST of				\$	Total:
					\$

Client Information			
Company Name:		PO No.:	
Approval's Name:		Approval's Title:	
Approval's Signature:		Date:	
By signing this, you are verifying that the expenses listed above, were approved and are to be reimbursed by OCG Consulting and on charged to you as the client.			

Office Use Only	PAYE	GST Registered	Not GST Registered