**Student Subsidy Request**

|  |  |  |
| --- | --- | --- |
| Date | Click here and choose todays date. | |
| Requested by | Click here to enter your name. | |
| For | Eg: Flights to Conference from Christchurch | |
| Amount | $ | |
| GST Receipt | Attached electronically\* |  |
| Hard Copy Attached/Sent by post\*\* |  |
| Not available |  |
| Payee | Click here to enter your name for online transaction. | |
| Payee Account Details | Click here to enter your bank account number. | |
| Approved by | If you don’t know, leave blank. | |

\* Email to admin@cmf.net.nz

\*\*Post to CMF, PO Box 9672, Marion Square, Wellington 6141

To be completed by the Administrator

|  |  |
| --- | --- |
| Receipt received | Please leave this field for the administrator. |
| Payment date | Please leave this field for the administrator. |
| Amount | Please leave this field for the administrator. |
| Account expense allocated to | Please leave this field for the administrator. |