**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. |