

Road user charges application for refund for off-road travel

RUCOR

Off-Road custom	er number (see note 3)	Please tick if this is your first off-road refund claim											
4004 		Company name/ Surname/ Customer name Logmaster Trucking											
Please ensure all fields are completed. Incomplete forms will not be processed.													
Please read notes on	the back of the form and print cl	Brief description of off-road travel.											
Registration plate	RUC licence number	Distance claimed (see note 4)	Reaso code (note 5)	on Method used to record distance claimed	Specify type (see note 6)	Private roads to collect logs							
ABC 123456	87654321	28122.00	11	Odometer									
ABC 234567	2345678	14894.00	11	Odometer									
ABC 345678	4567890	452.00	11	Odometer									
ABC 456789	87654329	532.00	11	Odometer									
DEF 123456	6574654	37400.00	11	Odometer		What records are you able to supply to validate this claim?							
DEF 324567	9876567	31998.00	11	Odometer		Electronic recor	ds of all trips						
BCD 765432	8765498	306.00	11	Odometer									
BCD 654321	3425346	68.00	11	Odometer									
FGH 234567	9865321	2991.00	11	Odometer									
FGH 346543	9876789	2393.00	11	Odometer									
Claims must be sup	ported by records, which mu	st be retained by the a	applican	t for two years for the	purpose of audit by NZ	Transport Agency (N	NZTA) staff.						
All claims are subject	ct to random and programme	ed Audits, and claiman	ts will b	e visited by NZTA sta	ff.								
I have read the not	es on the back of this form	n. I certify that the pa	rticular	s given are correct.									
Signature of applicant				Name of person com	pleting this form	Date							
X				17/12/2012									
Phone number (include area code) Email address (optional)				FOR OFFICE USE ONLY									
09 408 12345 logmaster@gmail.com						Initials	Date						
Please supply full address if you are a first time claimant or if you do not know your off-road number													
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RUCOR Road use	er charges application for												



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Off-Road custom	er number (see note 3)	Please tick if this is your first off-road refund claim										
12247		ompany name/ Surname _ogmaster Truc										
Please ensure all fields are completed. Incomplete forms will not be processed. Please read notes on the back of the form and print clearly. Brief description of off-road travel.												
Registration plate RUC licence number Distance claimed (see note 4) CO		Reasor code (note 5)	e record distance (see note 6)		Private roads to collect logs							
FGH 654321	7865439	4441.00	11	Odometer								
						What records ar validate this clai	re you able to s	upply to				
						Electronic recor						
Claims must be supported by records, which must be retained by the applicant for two years for the purpose of audit by NZ Transport Agency (NZTA) staff.												
All claims are subjec	ct to random and programme	d Audits, and claiman	ts will be	visited by NZTA staf	f.							
	es on the back of this form	. I certify that the pa		-	alatia a thia fama		Data					
Signature of applicant				Name of person completing this form			Date 17/12/2012					
X					_		17/12/2	012				
Phone number (inclu	ude area code) Emai	l address (optional)				FOR OFFICE USE ONLY						
09 408 12345	logr	naster@gmail.com					Initials	Date				
Please supply full address if you are a first time claimant or if you do not kno				your off-road number		Entered						
						Approved						
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