NZCR | NEW ZEALAND CLINICAL RESEARCH

Payment & Travel Form

You will need to complete this form for your payment and travel reimbursement to be processed. To ensure prompt payment, complete this form on or before your final visit and email it to paymentforms@nzcr.co.nz or hand into reception.

Name	
Study Name & Cohort	
Email	
Bank Account Number	
Address	

To be reimbursed for your travel costs, fill out the section below. Do not include screening visits as we do not provide reimbursement for these unless previously arranged. Please provide receipts for taxis, parking tickets, public transport etc. Do not include any travel already paid for by NZCR.

Date	To NZCR by	From NZCR by	Parking Fee, Taxi Receipt etc	Comment
01 Jan 2025	*e.g. Car*	*e.g. Car*	*e.g. Parking $10.50*	*e.g. X-ray*