NZCR | NEW ZEALAND CLINICAL RESEARCH

NZCR PAYMENT FORM- CHC

NZCR will reimburse you for your Travel Costs at the end of your study. Please ensure you complete this form on or before your final visit so your payment can be made.
Please don't include your screening visits as we do not offer travel reimbursement or taxis during screening
Once you have completed this form, please email it to paymentforms@nzcr.co.nz

Name	
Email	
Study (please include cohort)	
Bank Account Number	

Please put an X in the appropriate box for going to and from NZCR

	Travelling to NZCR		Travelling from NZCR	
Date	**By Car**	**By Taxi**	**By Car**	**By Taxi**
Office Use Only	**#**	**Rate**		