

Funding Reimbursement Travel & Accommodation Claim For Funded Trainees HWD Postgraduate Nursing (District)

Office Use Only:

Ref ID: HWPGN-____-____ PO number:_____ Date received by PDU:

All claims should be submitted as soon as possible at the end of the funded period and must be received by 31 March the year following funding.

To Support this claim proof of payment is required –please submit original GST tax invoices/receipts including name and dates.

Bank Account details on formal bank documentation

Claimant Details:

Trainee name:

SDHB Employee ID Number (if applicable)

Employer name:

Submission date: ____ / ____ / ____

Funding period (year of funding): _____

Claiming for semester/s (circle): 1 2

Training provider/s:

Course number: Course name:

Travel and accommodation claim: From place of employment to training provider where ≥ 100km one way.	Dates - list study block dates here:
	ACTUAL COSTS \$
Airfares:	\$
Accommodation:	\$
Taxis/shuttles/buses & parking:	\$
Mileage: Provide kms/trips - supply petrol receipts.	\$
Total Claim:	\$
Approved Claim (office):	\$

Claimant comments:

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Claims must be submitted to:

PDU Administrator, c/- Practice Development Unit (Otago)

PG Nursing Education Office, First Floor Fraser Building, 464 Cumberland Street, Dunedin Box 20,
Dunedin Hospital, Private Bag 1921, DUNEDIN 9054

For claim queries, please contact:

Jo Dobson, Coordinator: jo.dobson@southerndhb.govt.nz
DDI: (03) 470 9675 extn 59675

Or

Hannah Kerr: hannah.kerr@southerndhb.govt.nz
DDI: (03) 470 9673 or extn 59673

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PDU Manager:	Sign:	Date:	____ / ____ / ____
HWNZ Coordinator	Sign:	Date:	____ / ____ / ____
HWNZ Administrator:	Sign:	Date:	____ / ____ / ____

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Claim sent to Accounts Payable: ____ / ____ / ____

Coding default: **430-5215-2210-00071**