

Employers Funding Reimbursement Claim for Release Time HWD Postgraduate Nursing (District)

Office Use Only:

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

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

Once a claim has been approved a PO number will be provided against which a legal tax invoice should be submitted. Do not submit an invoice with this claim form.

When you have received your PO Number, invoices should be submitted to the Finance Department, Private Bag 1970, Dunedin 9054 or (accountspayable@southernhb.govt.nz)

In addition to the legal tax invoice requirements your invoice must include:

- Account details for payment.
- The name of the employee that the claim relates to - one claim form per employee.
- Relevant details based on your approved claim.
- Invoice attention cost code 430-5215 and reference PO number.
- Your invoice must be an original document or be clearly marked as 'copy'.

Either one claim per semester (per trainee and one per employer) will be accepted or one annual claim.

Claimant to complete:

Claimant name (employer):

Employee / funded trainee name:

Claimant address:

Claimant e-mail:

Submission date: ____ / ____ / ____

Funding period (year of funding): _____ Claiming for semester/s (circle): 1 2 Full Yr

Training provider/s:

Course number: Course name:

Course number: Course name:

Total claim should not exceed the allocated maximums as indicated in the Trainee Release Plan.

<p>Approved Release time @ \$ ____ . ____ per hour: List dates/hours →</p>	<p>\$</p>
<p>TOTAL:</p>	<p>\$</p>
<p>Total Approved Claim: GST Excl. \$</p>	<p>GST Incl. \$</p>

<p>PDU Manager or via Oracle: Sign:.....</p>	<p>Date: ____ / ____ / ____</p>
<p>Coordinator – PGNE: Sign:.....</p>	<p>Date: ____ / ____ / ____</p>
<p>PGNE Administrator: Sign:.....</p>	<p>Date: ____ / ____ / ____</p>

Claims must be submitted to:

PDU Administrator, c/- Practice Development Unit (Otago)
 PG Nursing Education Office, 1st floor Fraser Building, 464 Cumberland Street, Dunedin Box 20,
 Dunedin Hospital, Private Bag 1921, Dunedin, 9054.

For claim queries, please contact:

E-mail: HWDfunding@southerndhb.govt.nz

Jo Dobson: Coordinator – Postgraduate Nursing Education
 DDI: (03) 470 9675 or extn 59675

Kylie Legg: Administrator – Postgraduate Nursing Educator
 DDI: (03) 470 9673 or extn 59673