

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

Office Use Only

REF ID: PGN _____ - _____ PO Number: _____ Date Received: _____

Claims should be submitted to the PGNE Office HWDFunding@southerndhb.govt.nz as soon as possible at the conclusion of the study period.

- To support this claim proof of payment is required – please submit original GST tax invoices/receipts including name and dates (bank statements not accepted). **Please note flights paid with air points cannot be reimbursed. If a credit has been used from a previous flight, please submit the original flight information.**

- Bank account details on formal bank documentation – including name and number of account.

- 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.

Claimant Details

| | | | |
|--|---|---------------------------------------|--|
| Submission Date | | Employee ID Number (if applicable) | |
| Employee Name | | | |
| Employee Email Address | | | |
| Employer Name | | | |
| Employee Address (Home address) | | | |
| Employee Contact Number | | | |
| Funding Period (Year of funding) | | | |
| Semester | <input type="checkbox"/> One <input type="checkbox"/> Two | | |
| Training Provider | | | |
| Course Number | | Course Name | |
| Course Number | | Course Name | |
| Dates of Study Blocks (Please list all dates related to study blocks) | | | |

Travel and accommodation claim:

From place of employment to training provider where ≥ 100km one way.

| | Costs Claimed \$ | Costs Approved \$ (Office use only) |
|---|---------------------------------|---|
| Airfares: | \$ | \$ |
| Accommodation: | \$ | \$ |
| Taxis/shuttles/buses & parking: | \$ | \$ |
| Mileage: provide kms/trips - supply petrol receipts. | \$ | \$ |
| Total claim: | \$ | \$ |
| | Approved claim (office): | \$ |

Claimant comments:**It is preferred that all Claims are completed and submitted electronically to:**HWDfunding@southerndhb.govt.nz

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.**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**Office Use Only**

PGNE Coordinator Signature

PGNE Administrator Signature

Claim Sent to Accounts Payable

Coding Default: **430 – 5215 – 2210 – 00071**