

## Employers Funding Reimbursement Claim for Release Time 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](mailto:HWDFunding@southerndhb.govt.nz) as soon as possible at the conclusion 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 by the PGNE office, 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@southerndhb.govt.nz](mailto:accountspayable@southerndhb.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 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'.
- One claim per employee per semester or one annual claim will be accepted.

**Claimant to complete:**

Submission Date			
Claimant Name (Employer)			
Funded Employee Name			
Claimant Email			
Claimant Address			
Claimant Contact Number			
Funding Period (Year of funding)			
Semester	One	Two	
Training Provider			
Course Number		Course Name	
Course Number		Course Name	

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

**Approved Release Time @ \$ \_\_\_\_\_ per hour (as per trainee release plan)**

	<b>Costs Claimed \$</b>	<b>Costs Approved \$</b> (Office use only)
<b>List Dates / hours</b>	\$	\$
<b>Total claim:</b>	\$	\$
	<b>Approved claim (office):</b>	\$

**Claimant comments:**

**It is preferred that all Claims are completed and submitted electronically to:**

[HWDfunding@southerndhb.govt.nz](mailto:HWDfunding@southerndhb.govt.nz)

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

PG Nursing Education Office, 1<sup>st</sup> 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**