

POSTGRADUATE NURSING PROGRAMME CLAIM FORM

CHECK LIST

(Please provide receipts and claim cost **up to** the amount recorded in the trainee's contract)

Attach: Copy of results GST receipts Organisations GST invoice for costs (external only)

Send to: PG Nursing Coordinator
 Email: PGNursing@northlanddhb.org.nz
 Post Rm 35, Nursing & Midwifery Directorate, Maunu House
 Te Whatu Ora Tai Tokerau, Private Bag 9742, Whangarei 0148

STAFF INFORMATION	
Staff Members Name:	
Name of Organisation:	
Course / Papers completed:	
Semester and year:	

TRAVEL COSTS	
Te Whatu Ora car utilised? (<i>Te Whatu Ora Staff only</i>)	Yes / No
Extra travel costs (other than mileage, ie parking/tolls - attach GST receipts)	\$

NB: Te Whatu Ora Staff can claim 20c/km plus \$4 per hour)
 External organisations claim km as per organisational policy

PRIVATE/WORK VEHICLE USE TABLE

DATE TRAVELLED	FROM / TO	HOURS TRAVELLED (ie 1.5hrs)	NO. OF KM TRAVELLED
TOTALS			
OFFICE USE ONLY		<i>x \$4 per hour & x .20c per km OR as per organizational policy</i>	

STUDY LEAVE/SUPERVISION COSTS	
Study leave costs <i>(external organisations only)</i>	\$
Clinical supervision: eg. prescribing practicum	\$
ACCOMMODATION	
Accommodation (attach GST receipts)	\$

I confirm that the abovenamed staff member attended the associated study days.

Line Manager Signature: Date:

OFFICE USE ONLY

COST CODE	AMOUNT REIMBURSED
5015215-2205-00071 (fees)	\$
5015215-2205-00071 (study/sup)	\$
5015215-2205-00071 (travel/accom)	\$
GST	\$
Total	\$

AUTHORISATION / SIGNATURES	
Nurse Coordinator: Post Graduate Education	Date
Chief Nurse	Date
Business Analyst	Date

STAFF EXPENSES/CME REIMBURSEMENT FORM

Name _____ Department _____

Employee No _____ **W** **R** Phone _____ Cost Code 5015215-2205-00071

Reason for Expenses Incurred/Course/Meeting: _____

PROVIDE DESCRIPTION FOR ITEMS CLAIMED	Claim \$	Payroll Element	
TRAINING: Course fees, Conferences and Study Grants (suffix 00072)		CME Y=C	HWF Y=H
		GST N=X	
Courses/Conferences Fees:		RCON	G
Flights (CME & RMO)		RFLI	G
Accommodation:		RACOM	G
Travel:		RTRAV	G
Course Materials:		RCMAT	G
Meals:		RMEAL	G
Tertiary Study/Training Fees:		RTSTUD	G
Technology:		RTECH	G
Journals and Texts:		RJNL	G
Professional Membership Fees and Costs (suffix 00076)			
Membership Fees/Subscriptions:		RMFEE	G
Practice Insurance Premiums:		RINS	G
Annual Practicing Certificates:		RPRAC	G
BUSINESS EXPENSES (meetings etc.)			
Accommodation (5260):		RACOM B	G
Flights (5250)		RFLI B	G
Travel/Mileage(5250/5255):		RTRAV B	G
Meals (5260):		RMEAL B	G
Other (relocation, uniforms, telephone etc.)			
Details:			G
			G
			G

Is this a CME (Continuing Medical Education) claim? Yes No % ____

Is this a HWF (Health Work Force - CTA) claim? Yes No

Total Claim \$NZ

Other Currency

SMOs: I declare that my only income from Medical Practice is derived from employment by Te Whatu Ora – Health NZ
Signature: _____ **Date** ____ / ____ / ____

Flight details (if multiple trips and flights please provide details separately):

Date: ____ Departure: _____ (Final) Destination _____ single return Economy Prem. Business

Date: ____ Departure: _____ (Final) Destination _____ single return Economy Prem. Business

Claimants Signature: _____ Date ____ / ____ / ____

Controlling Officer: _____ Date ____ / ____ / ____
Signature name

Business Analyst: _____ Date ____ / ____ / ____
Signature name

General Manager: _____ Date ____ / ____ / ____
Signature name