

NAME \_\_\_\_\_ EMPLOYEE NUMBER \_\_\_\_\_  
 POSITION \_\_\_\_\_  
 CONTACT CELL NUMBER OR PAGER \_\_\_\_\_  
 TRAINING PROGRAMME \_\_\_\_\_  
 SUPERVISOR OF TRAINING \_\_\_\_\_

Details of Reimbursement Requested	\$NZD
<i>Claim under Clause 28.3</i> Annual membership cost of postgraduate college	
<i>Claim under Clause 28.3</i> Cost of training undertaken in the pathway to obtain vocational registration <b>Please SUMMARISE DETAILS under the following headings</b> (continue overleaf if necessary)	
<input type="checkbox"/> Name of Course/Conference/Meeting/Exam fee _____	_____
_____	
<input type="checkbox"/> Travel/Accommodation _____	_____
_____	
<input type="checkbox"/> Textbooks _____	_____
_____	
<input type="checkbox"/> Other _____	_____
_____	
<b>TOTAL CLAIMED</b>	<b>\$</b>

Please note: ALL claims for reimbursement must be accompanied by receipts

**CHECKLIST**

- Sign off by Supervisor of Training
- Receipt/s attached

In the event the individual does not attend the training or in the event of another party contributing training costs, the individual will refund the DHB to the extent that the DHB has only agreed to reimburse actual and reasonable costs of training

Signature of Claimant \_\_\_\_\_ Date \_\_\_\_\_

**RETURN THIS FORM AND YOUR RECEIPTS TO THE RMO UNIT**

**TO BE COMPLETED BY YOUR SUPERVISOR OF TRAINING**

I confirm that \_\_\_\_\_ (name of RMO) is working towards Vocational Registration in \_\_\_\_\_ (name of training programme)

I confirm that this expense is REQUIRED as part of that training programme

Signed \_\_\_\_\_ Name (Print) \_\_\_\_\_  
 Position \_\_\_\_\_ Date \_\_\_\_\_

**For RMO UNIT use:**

Total Amount \$ \_\_\_\_\_ Authorised by \_\_\_\_\_  
 Cost Centre \_\_\_\_\_ Name \_\_\_\_\_  
 HIC Code \_\_\_\_\_ Date \_\_\_\_\_