



## REIMBURSEMENT OF PROFESSIONAL DEVELOPMENT EXPENSES

For reimbursement of expenses, complete the details and fax to 379 4024 or post to Auckland PHO Ltd, P O Box 110018, Auckland Hospital, Auckland 1148.

NAME:		PRACTICE:	
Course Details		Amt Claimed	

Circle title

GP

Practice Nurse

Practice  
Administrator

Other

How many hours per week do you work at this Practice? .....

Start date at Practice (if less than 12 months) .....

Bank Account Details for direct credit:

Please attach receipts/invoices

Office Use

Approved by .....

Current Balance\$.....Balance after this claim \$ .....

To Applicant:

\$.....reimbursement funding has been approved/not approved for this course. At completion of course, please furnish this form with receipts.

Professional Development funding subsidy is based on FTE working at the Practice:

- GPs - \$100 per .2 FTE/8 hours
- Practice Nurses and Administration staff - \$50 per .2FTE/8 hours