



REIMBURSEMENT OF PROFESSIONAL DEVELOPMENT EXPENSES

For reimbursement of expenses, complete the details and fax to 379 4024 or post to Auckland PHO Ltd, 210 Khyber Pass Road, Grafton, Auckland 1010.

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 \$

Please note that the amount of reimbursement will depend on your FTE and funds available. Locum and temporary staff are not entitled to reimbursement

To Applicant:

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