



POSTGRADUATE NURSING PROGRAMME CLAIM FORM

N.B. Nurse Managers / Head of Department

Registered Nurses (RN) receiving funding for Post Graduate study have funds allocated for a percentage of their course study days. This payment is automatically transferred into your cost code midway through the semester.

The RN also receives funds to subsidise travel and accommodation costs and may use a NDHB car for this purpose. This subsidy is claimed **at the end of each semester**, and paid to your cost code, by forwarding this completed form to the PG Nursing Coordinator who will check the funding allocation against contract and forward it to finance.

Accommodation, private car usage and costs associated with travel that is paid by the trainee are also claimed using this form, in conjunction with the staff reimbursement form, and will be reimbursed through payroll, **up to the amount allocated in their contract**. Expense claims must be accompanied by a GST receipt and proof of passing course.

Please complete the following -

Staff Members Name:		Employee No.
Course/Paper completed		NDHB contract clinical /cultural supervision (GST Inclusive) \$
Semester and year:		
Clinical / Cultural Supervision or mentorship sourced internally	\$	
Accommodation Paid by NDHB (GST receipt attached)	\$	
NDHB transport service cost (evidence attached)	\$	
TOTAL CLAIM NDHB Dept	\$	NDHB contract: travel and accommodation subsidy (GST inclusive) \$
Accommodation (attach receipt)	\$	
Travel costs (other than mileage, attach GST receipts)	\$	
Private vehicle mileage total km's travelled (see table pg 2)		
Total mileage subsidy (office use only)	\$	
TOTAL CLAIM EMPLOYEE (attach proof of pass and staff reimbursement form 15)		See above for supervision allocation
Clinical / Cultural Supervision or mentorship sourced externally	\$	
Total External supervisor claim	\$	
		Maximum available amount \$



I confirm that _____ (staff member) attended the above study days during normal working hours.

Head of Department / Nurse Manager Signature:.....

Cost Code & Object Code:

Date:.....

Private Vehicle Use		
Dates Travelled	From / to	Hours travelled ()
		No. km's Travelled
Total kilometres		

I (trainee name) certify that the above information is true and correct

Signature Date

Send to:
 PG Nursing Coordinator
 Nursing & Midwifery Directorate
 'Embracing Innovation and Excellence'
 Northland District Health Board
 Private Bag 9742
 Whangarei 0148

OFFICE USE ONLY

PG Nursing Coordinator signature

Date.....

PG Nursing cost code

Cost code	Amount NDHB Department	Amount Employee
5015215-2205-00071 (Supervision)	\$	\$
5015215-2205-00071 (travel/accom)	\$	\$
5015215-2205-00071 (fees)	\$	\$
Total	\$	\$

Director of Nursing and Midwifery Authorisation

Signature Date.....

Business Analyst

Signature Date.....



STAFF EXPENSES AND CME REIMBURSEMENT FORM

Name _____ Department _____
 Employee No. _____ W R Ext. _____ Cost Code 5015215-2205-00071
 Course/Meeting: _____

PROVIDE DESCRIPTION FOR ITEMS CLAIMED	Gross Claim \$	Payroll Element		
Course fees, Conferences and Study Grants (suffix 00072)		CME Y=C	HWF Y=H	GST N=X
Courses/Conferences Fees:		RCON		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
Business Expenses (meetings etc)				
Accommodation: (5260)		RACOM B		G
Travel: (5250/5255)		RTRAV B		G
Meals: (5260)		RMEAL B		G
Professional Membership Fees and Costs (suffix 00076)				
Membership Fees/Subscriptions:		RMFEE		G
Practice Insurance Premiums:		RINS		G
Annual Practicing Certificates:		RPRAC		G
Other (relocation, uniforms, telephone etc)				
Details:				G
				G
				G
Checklist		Total Claim \$NZ		
<input type="checkbox"/> I have attached original receipts for all claims <input type="checkbox"/> I have attached original tax invoices for all claims over \$50 <input type="checkbox"/> I understand that EFTPOS dockets are insufficient <input type="checkbox"/> I have attached documentation for any courses		Other Currency \$		

SMOs: I declare that my only income from Medical Practice is derived from employment by Northland District Health Board. **Signature :** _____ **Date** / /

Claimants Signature: _____ Date / /

Controlling Officer: _____ PG Ed Coordinator Date / /
Signature name

Business Analyst: _____ Business Analyst Date / /
Signature name

General Manager: _____ Director of Nursing Date / /
Signature name

Is this a CME (Continuing Medical Education) claim? Yes No _____ % MSU: _____

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

Expenses cannot be reimbursed unless this form is completed, authorised and appropriate documentation attached. This reimbursement will be direct credited to your payroll bank account. **Once authorised by appropriate delegated authority please forward to Kathy Crawford, Finance Dept, 1st floor, Dairy House. Please ring ext 7967 with any queries.**
 (Version 18)



What is covered and not covered by the funding for NDHB HWNZ PG Nursing Funding

Covered:

- All of your course fees
- Mileage or petrol cost
- Tolls
- Parking
- Study leave
- Accommodation including the night prior to the study day

Not Covered:

- Meals
- Child Care
- Special admission fees
- Addition costs associated with enrolment
- Text books
- Printing costs
- Koha for staying with a friend or whanau
- Family staying with you in the hotel
- Additional nights stay after the study day block