

NRA House Officer Grant Reimbursement Claim Form

This form is only to be used by House Officers / Senior House Officers employed on STONZ SECA 2020-2021 & 2021-2023 terms and conditions to claim expenses under clause 10.9 of the SECA / your employment agreement

Have you read the checklist on the reverse? Have you securely attached receipts and invoices for all claims?

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|----------------------|---|-----------------|--|--|--|---------------|--|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Last Name: | | First Name: | | | | | | | | | | | | | | | | | | | | | |
| Position: (please circle) | House Officer | Senior House Officer | | | | | | | | | | | | | | | | | | | | | |
| HPRN | | Mobile no. | | | | | | | | | | | | | | | | | | | | | |
| Educational Supervisor (where applicable) | | | Letter of Support attached <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | | | | | | | | | | | | | | | |
| Has your Bank Account changed? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide your new details. | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | | |
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| Have your contact details changed recently? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide your new details | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Address:</td> <td colspan="3"></td> </tr> <tr> <td>Email:</td> <td style="width: 30%;"></td> <td>Phone:</td> <td></td> </tr> </table> | | | Address: | | | | Email: | | Phone: | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | | | | |
| Email: | | Phone: | | | | | | | | | | | | | | | | | | | | | |

| | \$NZD | \$Foreign |
|---|-------|-----------|
| Text Books (please provide details of text book/s) | | |
| Subscriptions to journals and / or vocational education websites (please provide details) | | |
| Conference Conference Name: Start/ End Date:..... | | |
| Travel and Accommodation Name of Conference expenses relate to | | |
| Air fare | | |
| Accommodation No of Nights: | | |
| Taxi Fares (No Rental Cars) | | |
| Other Expenses Please Detail | | |

I certify that the above are valid RMO expenses and were incurred in the course of my employment with the District.

RMO Signature: _____

Date: _____

Please send completed Reimbursement claims to:
nor.rmoReimbursements@tewhatuora.govt.nz

HOUSE OFFICER GRANT REIMBURSEMENT CHECKLIST

STONZ SECA clause 10.9

Important note:

Before incurring any cost under clause 10.9 please check your available balance under the House Officer CME Grant with the RMO Workforce Operations team by contacting nor.rmoreimbursements@tewhatuora.govt.nz. Where your total expenses exceed your available balance under the House Officer Grant your reimbursement will be capped to the available balance.

- ☐ **Have you submitted a **tax invoice** and **receipt** for all expenses?**
- ☐ **Are your Bank Account Details correct?**
 - Payment will be direct Credited to your account.
- ☐ **Have you completed your Educational Supervisor details?**
 - You need to have detailed your Educational Supervisor name where applicable and met the requirements of clause 10.9.2
- ☐ **Conference?**
 - Conference costs will only be reimbursed if attendance will assist in acceptance onto a New Zealand or Australasian vocational training programme.
 - Proof of attendance or requirement to present at conference must be provided.
- ☐ **Travel Expenses?**
 - Taxi receipts will be reimbursed (No rental cars)
 - Petrol receipts will be reimbursed if driving (No Mileage)
 - Economy air fares or equivalent **only** will be reimbursed as per guideline from external audit.
 - Flexi Fare flights **will not** be reimbursed. If a flexi fare is booked, a comparable 'economy' flight will be sought and the lower price reimbursed
 - When submitting your claim for air fares you must include a copy of the flight itinerary.
 - Flight booking confirmation and boarding passes are **not** accepted
 - Flights or any costs paid for with air points or any loyalty points will **not** be reimbursed.
 - Travel insurance and seat selection is **not** a reimbursable expense
 - Receipts for air fares must state the **date and destination**
- ☐ **Accommodation expenses?**
 - An Itemised receipt stating room rate per night and number of nights is required.
 - Phone calls/internet and other personal expenses are **not** reimbursable.
 - Accommodation can be claimed for the duration of the conference. If required, we will also reimburse the night prior to the course commencing.
 - As per guideline from external audit a claim for a standard room between the following is regarded as reasonable. Where accommodation costs are outside of these guidelines please contact Te Whatu Ora Northern Region to discuss prior to booking accommodation.
 - Australia \$100 - \$250 NZD
 - USA and Canada \$100 - \$280 NZD
 - United Kingdom \$100 - \$280 NZD
 - New Zealand and all other countries \$100 - \$200 NZD
- ☐ **Is your receipt in foreign currency?**
 - If yes, please supply a bankcard statement showing the rate of conversion. If no statement is submitted, Te Whatu Ora Northern Region will use the rate available on the day of processing the claim.

PLEASE REMEMBER

- ☐ **KNOW THE DIFFERENCE BETWEEN AN **INVOICE** AND A **RECEIPT**. AN INVOICE USUALLY SAYS “PAYMENT DUE” AND THUS IS NOT EVIDENCE OF PAYMENT. A RECEIPT WILL SAY “PAID”, “LESS PAYMENT”, “PAYMENT RECEIVED WITH THANKS”, OR WORDS TO THAT EFFECT.**
- ☐ **Allow a minimum period of 15 working days to process your reimbursement from the date all information is received. (Please note this may vary dependent on the quantity of claims and time of the year).**

For a reimbursement information and guidelines see our website www.aucklanddoctors.co.nz for details or refer to the [Health NZ | Te Whatu Ora-STONZ National Manual](#)