

RMO Reimbursement Claim Form

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)																										
Training Pathway:						Tick if applicable: <input type="checkbox"/> Basic <input type="checkbox"/> Advanced																				
Mobile no.																										
Has your Bank Account changed?		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																								
If yes please provide your new details																										
Have your contact details changed recently?		Address:																								
If yes please provide your new details		Email:				Phone:																				
								\$NZD	\$Foreign																	
MCNZ Practising Certificate (Receipt, with a copy of the invoice and certificate must be provided)																										
Medical Indemnity Insurance (Receipt, with a copy of the invoice detailing period of cover must be provided)																										
Books (Please list under separate cover)																										
College Fee College Name: Year:																										
Training Fee College Name: Year:																										
Exam Fee Exam name: Start/End Date:.....																										
Course Course Name: Start/End Date:																										
Conference Conference Name: Start/ End Date:.....																										
Senior Registrar Clause Conference Name																										
Travel and Accommodation Name of Course/Conference/Exam expenses relate to																										
Air fare																										
Accommodation No of Nights:																										
Taxi Fares (No Rental Cars)																										
Transfer Grant Allowance Payroll code (TRFG)								\$750.00																		
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@nra.health.nz

REIMBURSEMENT CHECKLIST

- ☐ **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.
- ☐ **Exam, Conference, Course or Advanced Training Interview?**
 - Actual and reasonable costs of training will be reimbursed in accordance with your collective agreement / employment agreement. Proof of attendance or requirement to present at conference/course/exam must be provided.
 - Confirmation of exam sitting, including date and location of exam must be provided.
- ☐ **Senior Registrar Clause?**
 - Information should be provided demonstrating the conference is appropriate.
 - Workshops and books are **not** reimbursable under this clause.
- ☐ **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 course/exam/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
- ☐ **Transfer expenses?**
 - A letter from the college stating that you are "required" to relocate for training purposes may be required.
 - The District preferred provider for furniture removal is Crown Relocations.
 - If using an alternate provider for furniture removal and transit insurance, three quotes are to be provided with your original receipt. The amount of your lowest quote can then be reimbursed.
 - **Transfer Grant** - this is a taxable allowance and will be sent to payroll for processing once eligibility is confirmed.
- ☐ **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 reimbursement information and guidelines see our website www.aucklanddoctors.co.nz for details.