



Reimbursement for Travel & Accommodation Form

Please outline reimbursement costs being applied for, including receipts.

Applicant Name:

Employers Name:

Health Waikato Staff only:

- Employee Number

Work Address:

Travel Costs incurred (include photocopied receipts.):

Accommodation Costs incurred (includes dates of stay and receipts):

The maximum allowed for travel and accommodation costs is:

- **\$300 for a paper which is 100 – 250 kms from tertiary provider**
- **\$1000 for a paper over 250 kms from the tertiary provider. Receipts must accompany these claims**

Name and address of person or organisation to whom payment is to be made.

This information is essential to ensure that the Waikato DHB CTA postgraduate Funding reimbursement system is robust i.e. to make sure the right amount of money gets to the right person.

Please forward this completed form along with receipts to the above address.