

Application for trust funds

www.waikatodhb.health.nz/wht



Name of applicant _____

Institution / division _____

Phone number _____

I/we wish to apply for a grant from the Waikato Health Trust as follows:

Amount requested (\$NZ, GST excl) _____

Purpose for which funds will be used (Use attachments if preferred)

From which Charitable Trust fund (State number and title*) _____

Applicant's signature _____ Date: _____

Authorising signatures:

Signature 1: _____ Date: _____

Name: _____ Position held: _____

Signature 2: _____ Date: _____

Name: _____ Position held: _____

Contact Trust Administration (Phone 07 839 8899 Ext 97636) if you want information on who can authorise your application.

Email: treasury@waikatodhb.health.nz

To be completed by Trust administration

Funds available Yes No Date: _____

Amount approved (\$NZ) _____ Signed _____

Purpose approved _____

Trust Fund account code _____

A copy of this application will be returned to confirm approval. When received, expenditure may occur through your organisation.

* A schedule of accounts is available on the intranet under the Waikato Health Trust.

PLEASE ENSURE YOU HAVE READ THE TRUST GUIDELINES BEFORE SUBMITTING YOUR APPLICATION.

Trust guidelines

- The Trust is independent of Waikato District Health Board.
- The Trust does not spend funds or make purchases for you. It makes grants to the department's responsibility centre to reimburse all of a portion of the expenditure incurred.
- Once your application is approved, expenditure should be authorised through the normal process.
- No commitments should be made on behalf of the organisation until your application has been approved.
- You will need to organise course/conference leave and approval through the Waikato DHB process. Please note that all staff other than SMOs, must book their accommodation and travel through the Waikato DHB staff travel coordinator. If this process is not followed, reimbursement will be declined. You will not be able to make a staff expense claim for this.
- If a commitment has not been made by your organisation to the purchase or activity within three months of approval, the approval from the Trust will lapse.
- For Waikato DHB applications relating to capital expenditure, the application form should be sent with a completed and approved CAPEX request form. If the request is related to Information Services, then a Customer Portal request must be logged with IS. Once the Trust has approved the application, the accountant must complete a capital equipment purchase requisition in the normal manner.
- Your form may be returned if incomplete, e.g. if an account is not identified or the correct signatures are not obtained.
- If you have any questions relating to the Trust, for example:
 - The benefits of using a trust account;
 - Authorising signatures; - also available on website
 - Available funds; - also available on website
 - Setting up a trust account; or
 - The process in general, please email Trust administrator at treasury@waikatodhb.health.nz

Address:

Waikato District Health Board
Private Bag 3200
Hamilton 3240
New Zealand.

**Att: Waikato Health Trust Administrator,
Finance, Portacom D14**

Email: treasury@waikatodhb.health.nz

All Trust recipients will be required to provide a written report (1 page) on how funds were spent and how this has benefited the DHB/health sector.

Reports will be published on www.waikatodhb.health.nz/wht