

WA Rural Health Conference 2025

22 and 23 March 2025 | Pan Pacific Perth



Conference Childcare Reimbursement Process

Thank you for attending the WA Rural Health Conference 2025.

It is important you note that if you wish to make a claim, the attached form **MUST** be completed and sent to Rural Health West **NO LATER than Friday 17 April 2025** otherwise your reimbursement will NOT be claimable or processed.

Reimbursement is available for the following:

Conference Childcare

The Rural Health West Family Program will reimburse full conference delegates **up to \$400** per family towards childcare costs that allow delegates to attend the WA Rural Health Conference 2025.

Families are encouraged to source their own provider and make private bookings to meet individual family needs. For reimbursement purposes, childcare must be provided by a registered service, so that families receive a tax invoice after payment.

Childcare costs must be directly related to attendance at the conference. Delegates claiming this reimbursement must demonstrate full attendance (both days) at the conference to maintain eligibility. Therefore, it is vital that delegates planning to submit a claim scan into all sessions at the conference. Delegates must also provide a tax invoice/receipt when claiming.

Please note that the \$400 per family (per delegate) represents the maximum amount that Rural Health West will reimburse for conference childcare costs. It is not a general flat rate reimbursement amount, and proof of purchase is required.

Reimbursement process

Please obtain tax invoices/receipts - EPTPOS and credit card vouchers are NOT tax invoices/receipts.

Please complete the claim form attached and return to:

Rural Health West

T: 08 6389 4500

E: familysupport@ruralhealthwest.com.au



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Conference Childcare Reimbursement Form

Claims should be received by Rural Health West no later than **Friday 17 April 2025** otherwise your reimbursement will NOT be claimable.

Tax Invoices to support this claim must be attached.

Name: _____

Practice/Organisation: _____

Address: _____

_____ Postcode: _____

Telephone number: _____

Email address: _____

Invoice Date	Supplier's Name	Purpose	Amount
Total:			

I request that you reimburse me for the expenses as detailed above. Original invoices to support this request are attached. I certify that the expense(s) were directly related to attendance at the WA Rural Health Conference 2025.

Signature: _____ Date: _____

Bank details for EFT payment direct into your bank account

BSB

Account Number

Account Name

Please submit claim form and receipts to: familysupport@ruralhealthwest.com.au

