

# RURAL ANAESTHETICS FORUM

*G/hadjuk country*



## Forum Reimbursement Claim Form

Please email claim form to: [cpd@ruralhealthwest.com.au](mailto:cpd@ruralhealthwest.com.au)

Name of Claimant: \_\_\_\_\_

Email: \_\_\_\_\_  
*(Remittance advice will be sent to this email address)*

### Reimbursement claim:

Supplier's Name	Purpose	Amount
<b>TOTAL</b>		

### Bank account details:

Bank details for EFT payment directly into your bank account	
BSB	_____
Account Number	_____
Account Name	_____

### Claimant confirmation: *(please tick)*

I have checked that the bank details listed above are correct.

I certify that the expenses listed above were directly related to the Rural Anaesthetics Forum and invoices to support this claim are attached.

Rural Health West – office use only			
Reference:	_____		
Amount:	\$ _____	Job code:	Account code:

Approved: \_\_\_\_\_

Date: \_\_\_\_\_