

RURAL ANAESTHETICS FORUM

G/hadjuk country



To: Rural Health West

Name of Claimant: _____

Email: _____
(a copy of your reimbursement receipt will be sent to this address)

I request that Rural Health West reimburse the expenses detailed below to me, which were incurred on behalf of Rural Health West. I certify that I will not be claiming an income tax deduction or GST input tax credits in respect of the reimbursed expenses.

Receipt Date	Supplier's Name	Purpose	Amount (inc GST)	GST
TOTAL				

Note: Tax Invoices (original, not photocopies), showing the suppliers ABN and amount of GST included, need to be provided to Rural Health West. An EFTPOS receipt is not a Tax Invoice, unless it states it is a Tax Invoice and contains the suppliers ABN and amount of GST included.

I acknowledge reimbursement will only be made by electronic transfer and I provide my bank details below:

Bank: _____ Account name: _____

BSB: _____ Account number: _____

Signature: _____ Date: _____

All Claim Forms MUST be signed by Claimant

Please submit your reimbursement claim form to the Rural Health West CPD Coordinator via email **CPD@ruralhealthwest.com.au**.

Contact

10 Stirling Highway Nedlands Western Australia 6009
PO Box 433 Nedlands Western Australia 6909
T 6389 4500
E cpd@ruralhealthwest.com.au

**Caring for the health needs
of rural Western Australian
communities by providing
high-quality professional
development**