

## APPLICATION FORM DIV 2 COURSE COST REIMBURSEMENT

Name: \_\_\_\_\_ Employee number: \_\_\_\_\_  
Unit: \_\_\_\_\_ Position: \_\_\_\_\_  
EFT: \_\_\_\_\_ NBV ID No: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employee Email: \_\_\_\_\_  
Employee Contact No: \_\_\_\_\_  
Course dates: \_\_\_\_\_

### COURSE DETAILS:

Title of Course enrolled in: \_\_\_\_\_  
Course Code: \_\_\_\_\_  
Tertiary Institution providing course: \_\_\_\_\_  
Course start date: \_\_\_\_\_ Course end date: \_\_\_\_\_  
Course Length: \_\_\_\_\_ Course Code: \_\_\_\_\_

### RECEIPT DETAILS (up to \$300 only):

Date	Item / Details	Amount

### CHECKLIST:

- General Expenditure Reimbursement Form  
(<http://www.rch.org.au/finance/reimbursement/index.cfm?fuseaction=home.main>)
- Attached proof of acceptance into course
- Send all forms and receipts to Mackinnon Nursing Education & Development Centre

\_\_\_\_\_  
Applicant Signature

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

**Return completed and signed form and all receipts to:  
Raelene McIntyre - Mackinnon Nursing Education and Development Centre  
7th Floor, South East Building**