

Payment description

The VPMTTP provides support to each trainee to attend one conference during their advanced training. The reimbursement can be up to \$1,500 (inc GST). The payment cannot be split across more than one conference.

CLAIMANT DETAILS

First Name

Last Name

BANK DETAILS

Account Name

Bank

BSB (xxx-xxx)

Account Number

AMOUNT

Conference Name

TOTAL amount claimed
(inc GST)

\$

Note: If conference total is more than \$1,500, write \$1,500

DECLARATION

I declare that I have:

- paid the full amount for the conference listed above;
- service director approval to attend conference;
- leave granted for conference attendance;
- received no other funding for the conference listed above; and
- attached a copy of the receipt for the conference registration with this form.

SIGNATURE

Signature:

Date:

Claimant

AUTHORISATION

Signature:

Date:

Medical Training Coordinator