

# Aboriginal Health Conference 2024

10 AND 11 AUGUST 2024 | Esplanade Hotel, Fremantle



## Conference Reimbursement Process

Thank you for attending the Aboriginal Health Conference 2024.

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 20 September 2024** otherwise your reimbursement will NOT be claimable or processed.

*Reimbursements are available for the following items:*

### Fuel

Costs for actual fuel usage that can be supported by tax invoices are reimbursable. Please note that EFTPOS dockets from the service station will not suffice. Only travel to and from the conference is reimbursed NOT fuel used in and around Perth.

Note: if you are claiming this amount it is recommended that you:

1. Fill up your vehicle before departing your home town
2. Refill your vehicle upon arrival at your home town.

### Air Travel

If you booked and paid for your air travel, we require a copy of the itinerary and Tax Invoice from the airline. Flights can be reimbursed up to the travel allowance by region. Details of these travel allowances can be found on the conference website.

### Reimbursement process

**Please obtain Tax Invoices/receipts - EFTPOS 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: [ahc@ruralhealthwest.com.au](mailto:ahc@ruralhealthwest.com.au)



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## Conference Reimbursement Form

Claims should be received by Rural Health West no later than Friday 20 September 2024 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 Aboriginal Health Conference 2024.

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

### Bank details for EFT payment direct into your bank account

BSB

Account Number

Account Name

Please submit claim form and receipts to: [ahc@ruralhealthwest.com.au](mailto:ahc@ruralhealthwest.com.au)

