



Network Coordinator Reimbursement Form

Your details

Network Name	
Your name	
Your address	
Your email	
Meeting date:	

Details of expenses to be reimbursed

Note: Total should not exceed your network budget per meeting (excluding GST)

Please list below details of your out-of-pocket expenses (please also attach receipts)

	Amount (incl GST)
Total	\$

Payment Details

Please provide your BSB and Account Number below for reimbursement:

BSB: _____ Account Number: _____
Account Name: _____

Confirmation

I confirm that I am not entitled to any other payment. I also confirm that the details in this claim are correct and relate solely to the activities of the MHPN Network Meeting.

Signature: _____	Date: ____ / ____ / ____
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Scan and email completed form directly to your Project Officer
Mail to: MHPN PO Box 203, Flinders Lane, VIC 8009

How to complete the Network Coordinator Reimbursement Form

Important: The total of all expenses for the financial year (excluding GST) cannot exceed your network budget. Your Project Officer can provide you with your funding allocation for budgeting purposes.

It is the Network Coordinator's responsibility to ensure all expenses (including those not directly incurred by the Coordinator) do not exceed the network budget. MHPN will not take responsibility for any costs that exceed the network budget as provided by your MHPN Project Officer.

Your details

Please provide your name, address and the date of the network meeting and the venue.

Details of expenses to be reimbursed

Include a brief description of each expense and the amount. Please ensure that the total of all expenses being claimed does not exceed your network budget (excluding GST).

Reimbursement via EFT

Please provide your BSB and account number to allow MHPN to reimburse the meeting expenses to you.

Confirmation

Please read, sign and date the confirmation and either:

Email directly to your Project officer

Post to: MHPN, PO Box 203, Flinders Lane, VIC 8009

Please note: If you have an invoice for a meeting expense that you wish MHPN to pay, please forward the invoice to us. Remember to identify the network's name if it is not noted on the invoice.