



# Network Coordinator Reimbursement Form

## 1. YOUR DETAILS

Network name:	
Your name:	
Your address:	
Your email:	
Meeting date:	

## 2. DETAILS OF EXPENSES TO BE REIMBURSED

Description of your out-of-pocket expenses (please also attach receipts)	Amount (incl GST)
<b>TOTAL</b>	<b>\$</b>

Note: Total should not exceed \$400 over the financial year (excluding GST)

## 3. EFT PAYMENTS

To be reimbursed by EFT rather than cheque, please provide your BSB and Account Number below:

<b>BSB:</b> ..... <b>Account Number:</b> ..... <b>Name of account holder:</b> .....
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## 4. 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.

<p><b>Signature</b>..... <b>Date</b>...../...../.....</p>
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Mail completed form to: **MHPN, PO Box 203, Flinders Lane, VIC 8009**, fax to **03 9639 8936** or email directly to your project officer.

## How to complete the Network Coordinator Reimbursement Form

**IMPORTANT NOTE: The total of all expenses for the financial year (excluding GST) cannot exceed \$400.**

It is the Network Coordinator's responsibility to ensure all expenses (including those not directly incurred by the Coordinator) do not exceed \$400 over the financial year. MHPN will not take responsibility for any costs that exceed \$400.

### 1. Your details

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

### 2. 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 \$400 over the full financial year (excluding GST).

### 3. EFT PAYMENTS

If you wish to be reimbursed by EFT rather than cheque, please complete your BSB and Account Number.

### 4. CONFIRMATION

Please read, sign and date the confirmation and either:

Fax to: 03 9639 8936

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

Email directly to your project officer.

**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.

Mail the invoice to: MHPN, PO Box 203, Flinders Lane, VIC 8009. Alternatively fax to 03 9639 8936 or email [contactus@mhpn.org.au](mailto:contactus@mhpn.org.au).