



# Network Coordinator Reimbursement Form

## 1. YOUR DETAILS

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

## 2. DETAILS OF EXPENSES TO BE REIMBURSED

Note: Total should not exceed your network budget per financial year (excluding GST)  
Please list below details of your out-of-pocket expenses (please also attach receipts)

	Amount (incl GST)
<b>TOTAL</b>	<b>\$</b>

## 3. REIMBURSEMENT VIA EFT

Please provide your BSB and Account Number below for reimbursement:

BSB: .....	Account Number: .....
Name of account holder: .....	

## 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.

Signature.....	Date...../...../.....
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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 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.

### 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 your network budget (excluding GST).

### 3. Reimbursement via Electronic Funds Transfer (EFT)

Please fill in your BSB and Account Number to allow MHPN to reimburse the meeting expenses to you.

### 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

Scan and 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 your Project Officer directly or [contactus@mhpn.org.au](mailto:contactus@mhpn.org.au).