



Northern Regional Alliance Limited
 Level 3 Building 14
 Greenlane Clinical Centre
 214 Green Lane West Epsom 1051
 Private Bag 92189
 Victoria Street West, Auckland 1142
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NRA Reimbursement Claim Form

Have you read the checklist on the reverse? Have you securely attached receipts and invoices for all claims?

Last Name:		First Name:																					
Position: <small>(please circle)</small>	House Officer	Senior House Officer	Registrar Fellow																				
Training Programme:	Tick if applicable: <input type="checkbox"/> Basic <input type="checkbox"/> Advanced																						
Mobile no.																							
Has your Bank Account changed? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes please provide your new details.	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																						
Have your contact details changed recently? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes please provide your new details	Address:																						
	Email:	Phone:																					
		\$NZD	\$Foreign																				
MCNZ Practicing Certificate <small>(Original receipt, with a copy of the invoice and certificate must be provided)</small>																							
Medical Indemnity Insurance <small>(Original Receipt, with a copy of the invoice detailing period of cover must be provided)</small>																							
Books (Please list under separate cover)																							
College Fee College Name: Year:																							
Training Fee College Name: Year:																							
Exam Fee Exam name: Start/End Date:.....																							
Course Course Name: Start/End Date:																							
Conference Conference Name: Start/ End Date:.....																							
Senior Registrar Clause Course/Conference Name																							
Travel and Accommodation Name of Course/Conference/Exam expenses relate to																							
Air fare																							
Accommodation No of Nights:																							
Taxi Fares (No Rental Cars)																							
Other Expenses Please Detail																							

I certify that the above are valid RMO expenses and were incurred in the course of my employment with the DHB.

RMO Signature: _____

Date: _____

*Please send completed Reimbursement claims to:
NRA Reimbursements, Greenlane Clinical Centre, Building 14, Level 3.*

REIMBURSEMENT CHECKLIST

- Have you submitted a **tax invoice** and the **original receipt** for all expenses?
(Please note photocopies are **not** accepted)**
- Are your Bank Account Details correct?**
 - Payment will be direct Credited to your account.
- Exam, Conference, Course or Advanced Training Interview?**
 - Only costs which are a **requirement** of training on the pathway to Vocational Registration will be reimbursed.
 - Proof of attendance or requirement to present at conference/course/exam must be provided.
- Senior Registrar Clause?**
 - Claims must be accompanied by a letter of support from the Supervisor or Director of Training.
- Travel Expenses?**
 - Taxi receipts will be reimbursed (No rental cars) – these must be originals or sighted by RMO Unit staff.
 - Petrol receipts will be reimbursed if driving (No Mileage)
 - Economy air fares or equivalent **only** will be reimbursed as per guideline from external audit.
 - Flexi Fare flights **will not** be reimbursed. If a flexi fare is booked, a comparable 'economy' flight will be sought and the lower price reimbursed
 - When submitting your claim for air fares you must include a copy of the flight itinerary.
 - Flight booking confirmation and boarding passes are **not** accepted
 - Flights paid for with air points will **not** be reimbursed.
 - Travel insurance and seat selection is **not** a reimbursable expense
 - Receipts for air fares must state the **date and destination**
- Accommodation expenses?**
 - An Itemised receipt stating room rate per night and number of nights is required.
 - Food and beverage, phone calls/internet and other personal expenses are **not** reimbursable.
 - Accommodation can be claimed for the duration of the course/exam/conference. If required we will also reimburse the night prior to the course commencing.
 - As per guideline from external audit a claim for a standard room between the following is regarded as reasonable:
 - Australia \$100 - \$250 NZD
 - USA and Canada \$100 - \$280 NZD
 - United Kingdom \$100 - \$280 NZD
 - New Zealand and all other countries \$100 - \$200 NZD
- Transfer expenses?**
 - A letter from the college stating that you are “required” to relocate for training purposes must be provided.
 - The DHB preferred provider for furniture removal is Crown Relocations.
 - If using an alternate provider for furniture removal and transit insurance, three quotes are to be provided with your original receipt. The amount of your lowest quote can then be reimbursed.
- Is your receipt in foreign currency?**
 - If yes please supply a bankcard statement showing the rate of conversion. If no statement is submitted, NRA will use the rate available on the day of processing the claim.

PLEASE REMEMBER

- KNOW THE DIFFERENCE BETWEEN AN **INVOICE** AND A **RECEIPT**. AN INVOICE USUALLY SAYS “PAYMENT DUE” AND THUS IS NOT EVIDENCE OF PAYMENT. A RECEIPT WILL SAY “PAID”, “LESS PAYMENT”, “PAYMENT RECEIVED WITH THANKS”, OR WORDS TO THAT EFFECT.**
- Allow a minimum period of 15 working days to process your reimbursement from the date all information is received. (Please note this may vary dependant on the quantity of claims and time of the year).**

For a full list of reimbursements and guidelines see our website www.aucklanddoctors.co.nz for details.