

NTIS MEDICAL EXPENSE REIMBURSEMENT CLAIM FORM

NAME: _____

EXPENSES FOR PERIOD: / / TO / /

DATE	Expenditure	Injury	TOTAL BILL	MEDICARE REBATE	INSURANCE	REIMBURSEMENT	OFFICE USE ONLY
E.g.	Physiotherapy	Right hamstring	\$ 50.00	\$ -	\$ 20.00	\$ 30.00	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
TOTALS			\$ -	\$ -	\$ -	\$ -	

PLEASE ATTACH ALL RECEIPTS, INCLUDING A TAX INVOICE AND MEDICARE AND HEALTH INSURANCE STATEMENTS AS APPLICABLE

PLEASE RETURN COMPLETED FORM TO SPORTS MEDICINE AND PHYSIOTHERAPY COORDINATOR

PLEASE NOTE REIMBURSEMENT MAY TAKE UP TO 1 MONTH OF THIS FORM BEING PROCESSED

<p>I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND THAT EXPENSES CLAIMED FOR ARE ONLY THOSE WHICH RELATE DIRECTLY TO MY NTIS SCHOLARSHIP</p>	<p>PRINT NAME: _____</p> <p>DATE: / /</p> <p>SIGN: _____</p>
<p>Reimbursement Payment Details: Payment can only be made to over 18's. (If U/18 parent or guardian to claim for reimbursement):</p>	<p>- If NT Government Employee (Reimbursement will be made directly into your NTG pay account) AGS Number = _____</p> <p>- If not please complete attached "Supplier_payment_individual form" Form completed <input type="checkbox"/></p>

OFFICE USE ONLY - APPROVAL AND PAYROLL (RECORD PROCESSED)

Processed By: NAME: DATE: SIGN:	Approved By: NAME: DATE: SIGN:	COMMENTS:
------------------------------------------	-----------------------------------------	-----------

