

REIMBURSEMENT FORM Cervical Cancer Screening Scholarship

Please return completed forms, copy of receipt and completion certificate to deborah.ferry@swsphn.com.au

Contact Details			
Practice Name			
Practice Contact Name		Phone	
Email			
Attending Nurse Name		Reference Number	
ABN			
Postal Address	Address		
	Suburb	State	Postcode

Payment Details			
Account Name			
Bank BSB Number		Account Number	
Registered for GST	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reimbursement amount (100% amount as per contract)	\$1000 (excluding GST)		
Course name/s	Family Planning NSW course: Cervical Screening Comprehensive Skills Training		
Receipt Attached	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Evidence of Completion Attached	Yes <input type="checkbox"/> No <input type="checkbox"/>		

I acknowledge SWSPHN are reimbursing the above costs and understand these costs cannot be claimed further for either GST and personal income purposes.

Signature	
Requested by (print name)	
Signature	
Date	

FOR OFFICE USE ONLY

Processed by (print name)		Date processed	
Checked by (print name)		Date checked	