

## **Student Placement Reimbursement**

At the completion of your placement use this form to request reimbursement for travel and accommodation expenses. Scan the form with receipts of expenses and email to <a href="mailto:cnhs.placements@flinders.edu.au">cnhs.placements@flinders.edu.au</a> with your **student ID number** and "**Placement Reimbursement Claim Request**" in the subject heading. The WIL team are unable to process your reimbursement without including this in the subject heading. Payments are processed within 4 weeks of submitting your completed documents.

1. STUDENT DETAILS											
Name:		Student number:									
Email:	@flinders.edu.au	Phone:									
Address:											
Placement Topic:	Indicat	te if you are an	: Intern	ationa	I 🗆 c	or Doi	mestic	□ stu	udent		
Placement Location:											
2. CLAIM DETAILS											
Reason for expense:	Travel and/or accommodation expenses incurred while on placement										
Expense type and description		Amount AUD	Evidence provided?					Р	Project code		
Did you travel within SA with a private vehicle? Please circle: Yes / No			N/A for SA based rural placements (predetermined fuel reimbursement)						08693		
Travel expenses			Yes/No						0869	)3	
Project-based placement OR Intra rural travel-based placement (written evidence mandatory)			Yes/No	Yes/No						08693	
Accommodation expenses			Yes/No	Yes/No					08693		
	Total	\$									
			J								
3. FINANCIAL SUPPORT RECEIVED											
Have you received financial support for this placement via a stipend or scholarship: Yes □ or No□											
If yes please indicate the amount received \$ AUD											
4. FINANCIAL INSTITUTION DETAILS											
Australian accounts only (for payment to an international bank account, attach an International Bank Account Details form)											
Institution name:		Name o	Name of account holder:								
BSB:	Accoun	t number:									
5. DECLARATION											
I certify that the above expenditure details are correct and I have attached supporting documentation.  This is the only claim I have made, or will make for these expenses.											
Student signature:  Date:											

CRICOS No. 00114A January 13 2023