



ARRMOS Reimbursement Claim Form

AUCKLAND
REGIONAL RMO
SERVICES LTD

Securely attach original receipts to this claim form and forward via internal mail to: ARRMOS Reimbursements, C/- Greenlane Clinical Centre Mailroom.

Have you read the guidelines on the reverse?

ARRMOS OFFICE USE ONLY TRN PSC EMP	Last Name:				First Name:																							
	Position: (please circle)	House Officer	Senior House Officer	Registrar	Fellow																							
	Training Programme:					Tick if applicable: <input type="checkbox"/> Basic <input type="checkbox"/> Advanced																						
	Locator or Mobile no.																											
Has your 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><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><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:																										
		Phone:																										
		Email:																										
						\$NZD	\$Foreign	ARRMOS																				
APC (photocopy acceptable)																												
Medical Indemnity Insurance (submit original Certificate of Membership / Receipt showing amount paid <i>and</i> period of cover)																												
Books (Please list under separate cover)																												
College Fee: <input type="checkbox"/> Basic <input type="checkbox"/> Advanced College: Year:																												
Training Fee <input type="checkbox"/> Basic <input type="checkbox"/> Advanced College: Year:																												
Exam Fees (Please name) Start date – Finish date:																												
Course (Please name) Start date – Finish date:																												
Conference Fee (Please name) Start date – Finish date:																												
Senior Registrar Clause Course/Conference.....																												
Travel / Accommodation (Name course/conference/exam related to) Airfare Accommodation..... No. of nights..... Taxi Fares (NO RENTAL CARS).....																												
Other (Please name)																												
Total Amount Claimed																												

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

RMO Signature: _____

Date: _____

REIMBURSEMENT GUIDELINES

- For a full list of reimbursements and guidelines see our website <http://www.arrmos.co.nz> for details.
- All claims must be submitted on the ARRMOS claim form.
- Accommodation is reimbursed on a cost-per-night basis. It is actual and **reasonable** costs per night. As a guideline from external audit a claim for a standard room between \$100 and \$200 (NZD) a night is regarded as reasonable.
- All claims must be accompanied by original receipts (This means NO PHOTOCOPIES unless for APC).**
- PLEASE KNOW THE DIFFERENCE BETWEEN AN INVOICE AND A RECEIPT. AN INVOICE USUALLY SAYS "PAYMENT DUE" AND THIS IS NOT EVIDENCE OF PAYMENT. A RECEIPT WILL SAY "PAID", "LESS PAYMENT", "PAYMENT RECEIVED WITH THANKS", OR WORDS TO THAT EFFECT.**
- Credit Card or EFTPOS print-outs alone are insufficient proof of purchase – Please supply **original receipts** detailing costs, particularly important for flight and accommodation expenses.
- If your receipt is for foreign currency, please supply a bankcard statement showing the rate of conversion. If no statement is submitted, ARRMOS will use the rate available on the day of processing the claim. Please clearly indicate which receipts are not in NZ dollars.
- Payment will be direct credited to your account. Please ensure bank details are correct to avoid delay in payment.
- Costs of food, movies, mini bar, alcohol, phone calls and late check out fees etc will **not** be reimbursed with your accommodation claim. These are deemed your personal costs. Meals are only reimbursed with transfer expenses.
- When submitting transfer claims, an **allocation letter** from your **college** stating that you are "required" to relocate will be necessary.

Information required for Exams, Conferences, Courses, Advanced Training Interviews:

- Applicants may only claim for those costs associated with training undertaken on the pathway to Vocational Registration
- Full title of course, conference, exam etc
- Location of course, conference, exam etc
- Dates of course, conference, exam etc
- Some form of proof of attendance, in most cases this will take the form of an original receipt for attendance fees
- Itemised receipt for accommodation, stating room rate per night, number of nights stayed. Meals and drinks are not reimbursable

- Taxi receipts (no rental cars)
- Petrol receipts if driving (mileage may not be claimed)
- Evidence of presenting a paper as required by your vocational pathway. This may take the form of a conference programme
- Flight receipts must state the destination and dates of flights. Booking confirmation and boarding passes are not accepted. It is the **actual** and **reasonable** cost of an airfare. As a guideline from external audit a claim for a fully refundable airfare is not regarded as reasonable
- Travel insurance is not a reimbursable expense
- Departure fee receipt must be presented (this is usually stuck on the back of the boarding pass)

Transfers

- If you are required to relocate within New Zealand in order to complete your training, you may be eligible for reimbursement of your transfer expenses. If this is the case (often a letter from your college stating that you are "required" to relocate will be necessary), you will need to send in three quotes for furniture removal and transit insurance from different removal companies along with your original receipt. The amount of your lowest quote can then be reimbursed.
- Please note - training costs will only be reimbursed if your claim is received by our office during the time of your employment at the Auckland regional DHB's.**
- Please allow a minimum waiting period of 15 working days from our receipt of your claim to process your reimbursement (dependant on quantity of claims at certain times of the year).**

Enquiries regarding reimbursements should be directed to:

Auckland Regional RMO Services Ltd
 Reimbursements
 Private Bag 92 189
 Greenlane
 Phone: (09) 631 0707
 Fax: (09) 623 4644