Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: Northern Sydney Local Health District

 Royal North Shore Hospital

 St Leonards 2065 NSW

Dear Accounts Payable Team,

Could you please reimburse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The **total amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_** for the costs incurred for (Purpose of the travel) at

Royal North Shore Hospital on \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Attached, please find the supporting documentations in relation to the reimbursement.

We hope to reimburse for: **Meals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Travel costs - Train: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Travel costs - Car: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Accommodation costs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Registration/Conference Fees \_\_\_\_\_\_\_\_\_\_**

 **Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The sum of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ should be charged to Cost Centre \_\_\_\_\_\_\_\_\_\_\_.

APPROVED BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COST CENTRE MANAGER:

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_