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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_