## TUH Health Fund

## **Heather Hill Pathways Reimbursement Claim Form**

• Complete the online claim form and return it in the mail to TUH, PO Box 265, Fortitude Valley QLD 4006 with original accounts/receipts enclosed.

1. Details			
Claimant name	Email address	Membership number	
2 Evenence	vo o o valo		
2. Expense	records		
Date	Service provided	General ledger account no. (TUH use only)	Cost of service
		Total charge	
3. Bank account details			
Account holder na	me/s Bank name		
Account number	BSB number		
4. Signature of claimant			
The above expense Signature	s are claimed and were incurred exclusively in the course of TUI	H business.	
	Date (dd/mm/yy)		
5. Expense	claim authorisation		
Signature			
	Date (dd/mm/yy)	DAN	

Cost code: 5420