
PMH Goldfields Family Assistance Trust Claim

Cost Centre: 1112

Applicants Details

Parents

Children

Address

Home Phone

Mobile Phone

E-Mail Address

Reason for Assistance

Details of Assistance

Accommodation

Name of Hotel/Motel

Address

Phone number

08

Cost per Night

\$

Travel

Train

\$

Bus

\$

Fuel only

\$

Flight (only in exceptional circumstances)

\$

Funds to be Paid to:

Name of Payee

Cheque _____

Direct Deposit Bank Details

Account Name

BSB

Account Number

Information

No funds will be paid without receipts. Please attach copies of all receipts to this application.

No funds are available unless signed by the authorised medical staff on your ward/unit.

Funds for payment must also be approved by the Trust and Fund Managers prior to any reimbursement

Signatures

The application form must be signed

Ward / Unit Staff

Applicant

Fund Manager

Trust Manager