



Human Resources

PRIVATE & CONFIDENTIAL

Building 101, level 2
Curtin University of Technology
GPO Box U1987 Perth
Western Australia 6845

INFLUENZA VACCINATION REIMBURSEMENT CLAIM FORM

Employee's Name	ID Number
Internal Address	Phone No
Faculty/Department	

NOTE:

Original tax invoice/s must be attached before reimbursement is made.

Reimbursement of vaccination + consultation (excluding Medicare rebate) will be made up to the limit of \$40 per employee.

Consultation charge	\$
Cost of Vaccination	\$
Total	\$
Reimbursement from Medicare	\$
CLAIM TOTAL	\$

Employee's Declaration

I, the Employee named above, declare that I have personally incurred the above expenses.

Employee's Signature	Date
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