

# HEATHER HILL PATHWAYS REIMBURSEMENT CLAIM FORM

FAIRER TOGETHER

union health

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

## 1. Details

Claimant name

Email address

Membership number

## 2. Expense records

Date	Service provided	General ledger account no. <small>(Union Health use only)</small>	Cost of service \$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total charge</b>			<input type="text"/>

## 3. Bank account details

Account holder name/s

Bank name

Account number

BSB number

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## 4. Signature of claimant

The above expenses are claimed and were incurred exclusively in the course of Union Health business.

Signature

Date (dd/mm/yy)

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## 5. Expense claim authorisation

Signature

Date (dd/mm/yy)

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