**Subject Association Grant Application**

*Please complete ALL fields.*

Name:

School:

Email:

Course or conference name:

Subject association:

Event date(s):

Items for reimbursement (please attach all receipts)

|  |  |
| --- | --- |
| Travel | $ |
| Registration details | $  |
| Accommodation:  | $  |
| Meals | $  |
| Childcare | $  |
| Total (including GST) | $  |

We aim to reimburse your claim within three weeks, by direct credit to your bank account, and will email you confirmation once the transfer is complete.

My bank account number is:

Please include your bank account number below (all 15 or 16 digits, including zeros).

I confirm that:

[ ]  These claims are true and accurate

[ ]  I attended the above event

[ ]  I have applied and been confirmed for pre-approval

[ ]  I have attached all receipts for expenses up to or exceeding $750 (including GST)

[ ]  I have double checked that my bank account number and email address supplied
 are correct

[ ]  I understand that I have to complete the evaluation form in order to access the
 reimbursement.

Signed:

Dated:

Please email this form, along with all required receipts, to SubjectAssociationGrant@ppta.org.nz.