

IMMUNISATION EXPENSE REIMBURSEMENT

The Department of Fire and Emergency Services will reimburse all eligible brigade, groups and units for the cost of their registered members receiving the 2020 flu vaccination to the value of \$20.00. Please complete this form and return to your relevant DFES Manager to claim reimbursement.

1. CLAIMANT DETAILS	
Name of Brigade/Group/Unit	
Address:	
BGU Contact Person:	
BGU Contact Number:	
BGU ABN: (if registered for GST)	

2. PAYMENT TO BANK ACCOUNT	
I confirm:	Account Name:
<input type="checkbox"/> The account details provided is used to fund vaccinations.	BSB:
	Account Number:

Notes & Instructions

- This form is used to summarise the amount the Department of Fire and Emergency Service is required to reimburse to a brigade, group or unit for the cost of immunisation of their registered volunteers.
- On the attached form, list the names of all volunteers who received the vaccination and for which you have a copy of the receipt.
- Valid receipt copies include scanned documents or photographs. These must be retained by the BGU for a period of two years for audit purposes.
- Volunteers will receive a reimbursement of \$20.00 each
- Reimbursements can only be claimed for vaccinations administered up to 30 June 2020.
- Each BGU can submit multiple claim forms but all must be received by DFES by 31 August 2020.
- This form must be signed, and counter signed by two senior members of the BGU.

3. IMMUNISATION SUMMARY DETAILS		
Number of claims (a)	(b)	Reimbursement Total (a) x (b)
	@ \$20.00	

Senior Volunteer Group Officer

I declare all expenses in this claim form have been incurred and the information supplied is true and correct.

(signature)

Name: _____ Rank: _____

Volunteer No: _____ Date: / /

Senior Volunteer Group Officer

I declare all expenses in this claim form have been incurred and the information supplied is true and correct.

(signature)

Name: _____ Rank: _____

Volunteer No: _____ Date: / /

RETURN SIGNED FORM TO YOUR DFES MANAGER



DEPARTMENT OF FIRE AND EMERGENCY SERVICES
20 Stockton Bend, Cockburn Central WA, 6164

Please list individual volunteers in the unit who received a 2020 flu vaccination.

	Volunteer Name	Volunteer ID
1		
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DFES Manager

I certify this claim form is an accurate representation of the expenditure by the brigade, group or unit and have made any enquires in my judgement that are necessary to substantiate the claim.

(signature)

Name: _____ Position: _____

Date: / /

RETURN SIGNED FORM TO MITCH SEWELL, WELLNESS COORDINATOR
(mitchell.sewell@dfes.wa.gov.au)