

## Expense Payment Declaration Form V1.4

**THIS FORM HAS BEEN DESIGNED TO BE COMPLETED ELECTRONICALLY.**  
**ALL FORMS MUST BE SIGNED AND DATED. ALL RED BORDERED FIELDS ARE MANDATORY.**  
**THIS FORM MUST BE COMPLETED IN FULL PRIOR TO SUBMISSION TO THE [AHP+PDRP PORTAL](#)**

### To be completed by Applicant

Applicant Name

Applicant Employee Number

Applicant Job Title

**PROFESSIONAL DEVELOPMENT(PD) DETAILS (title, brief description and justification of the PD activity)**

Where application relates to travel for more than 5 nights, or overseas for any duration, a travel diary is required.  
Please Select:

Expense Name (must be eligible as 100% work related)	Amount(\$AUD)	Start Date	End Date
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By signing the below, the applicant declares that the above information is true and correct to the best of their knowledge, and they understand that any work expenses reimbursed by their employer are not deductible in their personal income tax return. The applicant declares that the professional development expenses claimed were paid by them, and meet all stipulated Enterprise Agreement requirements of Clause 21.0 where applicable. The applicant declares that all professional development expenses claimed were 100% related to the role they were employed in at the time of the expense. The applicant declares that they have provided all of the necessary documentation as required by the AHP+PDRP Framework and Fringe Benefits Tax Policy. The applicant declares that they will notify AHP+PDRP if they do not take part in any of the above activities and that they will repay any reimbursements made arising from the above.

Date

Applicant Signature

### To be completed by Applicant's Director or Manager

#### DIRECTOR or MANAGER DECLARATION

By signing below, the director or manager of the applicant declares that the above information is true and correct to the best of their knowledge, that the reimbursement meets the Enterprise Agreement entitlements clause 21.0 where that the expenses are in alignment with the applicant's need for registration or accreditation in the professional occupation in which they are employed and/or has a direct benefit to the employee's clinical skill, knowledge or career development as a clinician or clinical manager providing or supporting a clinical service to the consumers of the South Australian Public Health System.

Manager/Director Name

Position, Unit and Department

Date

Manager/Director Signature