Resident Medical Officers Unit



TRAINING RELATED EXPENSES CLAIM

FOR DIRECT PAYMENT OF FLIGHTS AND ACCOMMODATION

NAME	
POSITION	
CONTACT CELL NUMBER OR PAGER	
EMAIL ADDRESS	
TRAINING PROGRAMME	
SUPERVISOR OF TRAINING	
Details of Flights & Accommodation requested	
Claim under Clause 28.3	
Name of course/meeting/conference/exam you are REQUIRED to attend	
□ Destination	
□ Business Commences at	Finishes at
on	on
□ Leave to be requested:	
Start Date Re	eturn to work date
Accommodation required YES/NO	
Accommodation required YES/NO Number of nights	_
□ Number of nights	TRAINING
TO BE COMPLETED BY YOUR SUPERVISOR OF	TRAINING (name of RMO) is working towards
I confirm that	TRAINING (name of RMO) is working towards (name of training programme)
Number of nights	TRAINING (name of RMO) is working towards (name of training programme) hat training programme
Number of nights	TRAINING (name of RMO) is working towards (name of training programme) nat training programme me (Print)
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