

### **IPSWICH CITY COUNCIL**

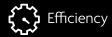
# **Cadet Reimbursement Form**

**Our Values:** 











#### Part A: Cadet and course details (to be completed by Cadet)

Cadet Details					
Name					
Position					
Branch (current placement)					
Department					

Study Details							
Qualification							
Unit name/s							
Tertiary institution							
Study mode (e.g. distance)	Campus						
Unit commencement date	Unit complet	ion date					

#### Part B: Cadet Program Coordinator recommendation and GM approval

- The course of study outlined above is relevant to the cadet placement
- I approve the reimbursement of fees as outlined above

Recommended by				
Name of Program Coordinator				
Program Coordinator signature				
Date				
Approved by				
Name of GM				
GM Signature				
Date				

## Part C: Request for reimbursement (completed by Cadet)

<del>-</del>		-	•	•	•		
Reimbursement	<b>Details</b> (plea	ise also c	omple	ete and	submit a Direct P	ayment form)	
Official receipts	receipts attached Yes No Amount of assistance of				stance claimed		
					•		
Employee Decla	ration						
In accordance I am claiming	e with Sectic to HECS/HE	on 1.3 of t ELP	he Sti	udy Assi	istance Policy I co	onfirm that I have r	riginal receipts provided not deferred the amount e Cadet Agreement
Cadet signature						Date	
Once completed 'People and Culti	•				the hard copy (o	riginal) to:	
FOR OFFICE USE	ONLY (to be	e comple	oted h	v People	e and Culture)		
		•	•	'	e and Cattalej		
Application for cadet reimbursement received on					Date		
Direct payment request received on					Date		
Direct payment request and documentation sent to payment services team on			Date				
I certify that all details are complete and all information provided complies with the Study Assistance Policy			Date				
Name of People and Culture Representative				,			
Position						•	
Signature						Date	