

2024 Mental Health Scholarship Scheme claim form

Email this form, invoice or HECS statement, and transcript of results to:

mhscholarships@health.qld.gov.au

Personal details			
Last name:		First name:	
Position:		Employee ID:	00
Health service:			
Course details			
Educational institution:		Full title of course:	
Course code:		Campus:	
Study period	Subject code	Subject title	Result
Claim for payment			
Fees paid/deferred	Scholarship amount	Fees paid/deferred	Scholarship amount
Census date: 15 January 2024.		Total amount claimed	\$

Applicant statement: I declare the above expenses incurred by me were 100% applicable for business (Australian taxation requirement). I certify I paid the amount claimed above and **have not received** reimbursement from **any other source**. Should I be granted any refund after receiving departmental payment, I undertake to advise the Mental Health Scholarship Coordinator, Queensland Centre for Mental Health Learning accordingly.

Signature of applicant

(Please print to sign)

Date

Assessment by Business Officer									
Evidence of results provided	Yes		No		Payment approved	Yes		No	
Evidence of expenses provided	Yes		No		Amount	\$			
Name:	Sue Thornes				Position:	Business Officer			
Signature:					Date:				
Certification by Expenditure Approval Officer									
Cost centre for debit - Queensland Centre for Mental Health Learning:					3400061				
General ledger account code:		512150		Internal order number:		20000003			
Name:				Position:				Date	
Signature:				Approved amount:			\$		

Version 2: 20240422