

REIMBURSEMENT OF TAFE/CIT/COLLEGE FEES



Please Forward To:

Payroll Officer
Hospitality Training Network Ltd.
P.O. Box 198
ROSEVILLE NSW 2069
PHONE: 02 9495 4444
FAX: 02 9495 4455

Apprentice Name: _____

Address: _____
_____ Postcode _____

Phone Numbers: H: (____) _____
W: (____) _____

College Attended: _____

Apprenticeship Year: Stage: 1 2 3 Semester: 1 2

Amount of Reimbursement: \$ _____

You must attach:

- A copy of your latest TAFE/CIT/College Results proving all modules were passed in the semester/year being submitted for reimbursement.
- A copy of your receipt for fee payment from the beginning of the year or semester.

Without both of these your reimbursement cannot be processed.

Bank Details:

Bank Name eg. Westpac	
Branch Name eg. Artarmon	
Bank BSB	
Account Number	

Apprentice Signature _____ Date _____