



Flu Vaccination Reimbursement Form

FIRE AND EMERGENCY NEW ZEALAND

Full name: _____ Contact number: _____

Region (please tick one):

- | | |
|---|---|
| <input type="checkbox"/> Te Hiku (formerly Region 1) | <input type="checkbox"/> Te Ihu (formerly Region 4) |
| <input type="checkbox"/> Ngā tai ki te Puku (formerly Region 2) | <input type="checkbox"/> Te Kei (formerly Region 5) |
| <input type="checkbox"/> Te Ūpoko (formerly Region 3) | <input type="checkbox"/> National HQ |

Brigade: _____

Account Details for Direct Credit

Amount to be reimbursed: _____

Account number: - - -

PLEASE DOUBLE CHECK YOUR ACCOUNT DETAILS ARE CORRECT. Incorrect details could result in a delayed reimbursement

Terms and Conditions: Once Vitality Works receives this form and GST receipt, I understand that my reimbursement will be made within 20 working days

Signature: _____ Date: _____

Reimbursement Checklist

- | | |
|---|--|
| <input type="checkbox"/> 1. Have a flu vaccination at your local GP or other health provider | <input type="checkbox"/> 4. Scan and email you completed Flu Vaccination Reimbursement Form AND GST receipt to: fluinvoicing@vitalityworks.co.nz |
| <input type="checkbox"/> 2. Attach the original receipt from your vaccination to the form above | <ul style="list-style-type: none">• All reimbursements will be made within 20 working days of receipt by Vitality Works. Please note incorrect account details could result in a delay to this timeframe.• If you have any further questions, please contact the Vitality Works Flu Vaccinations team on fluinvoicing@vitalityworks.co.nz |
| <input type="checkbox"/> 3. Fill out ALL SECTIONS of the form above. Make sure everything is correct and complete. | |