

APPLICATION FOR REIMBURSEMENT OF POSTGRADUATE RESEARCH STUDENT EXPENSES

Arts & Social Sciences

Te Kura Kete Aronui



THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

Before completing this application, please ensure you have read the accompanying Postgraduate Research Student Reimbursement Information Sheet.

▼ APPLICANT DETAILS

Name	Student ID
Contact Phone	Email
School	Qualification
Postal address where reimbursement should be sent	
Nature of thesis/dissertation (tick one)	
<input type="checkbox"/> Doctorate	<input type="checkbox"/> 90 point thesis
<input type="checkbox"/> 30 point dissertation/directed study	<input type="checkbox"/> 60 point dissertation
<input type="checkbox"/> Full-time	<input type="checkbox"/> Half-time
Date of thesis/dissertation/directed study commencement	Date of thesis/dissertation/directed study submission
Is this your first claim for reimbursement?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	

▼ CLAIM SUMMARY

Please complete Sections A and B overleaf and transfer the totals to this page.

Summary of Costs	
Total Section A	\$
Total Section B	\$
Cost of photocopying and binding ONE copy of thesis (please attach receipts)	\$
TOTAL CLAIM	\$
Has any other funding been applied for and/or received? If YES, please give details:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	

▼ APPLICANT SIGNATURE

<input type="checkbox"/> <i>Original receipts attached</i>
Signed: _____ Date: _____

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SECTION A - EXPENSES

Description of Items (please itemise separately)	Required for completion of research because	\$
Research equipment:		
Supplies essential to data collection, storage and analysis:		
Postage and toll calls directly relevant to research:		
Other:		
TOTAL SECTION A		\$

SECTION B - TRAVEL

Date	Destination	Purpose	Total Kms
Total kilometres			
Calculation of mileage reimbursement = total kms x 30c			TOTAL SECTION B \$

SUPERVISOR'S APPROVAL

Name of Supervisor	
<input type="checkbox"/> <i>I have examined this reimbursement claim and confirm these costs were necessary and reasonable for the thesis/ dissertation research. I have checked the School Listing.</i>	
Signed:	Date:

SCHOOL MANAGER'S APPROVAL

<input type="checkbox"/> <i>I confirm that I am satisfied that any travel specified complies with the University of Waikato Travel Policy, is appropriate, justifiable and that the associated costs are both conservative and appropriate.</i>	
<input type="checkbox"/> <i>Previous reimbursements.</i>	
Signed:	Date: