Australian Government
Department of Health

Supporting Living Organ Donors Program
Out-of-Pocket Expenses Log

Donor name:	
Program reference number:	
Transplant Hospital:	

Date of expense *(DD/MM/YY)*	**Type of expense** *(travel, accommodation, parking etc)*	**Details** *(name of hotel, road toll, car hire details etc)*	**Amount**	**Receipt included*** *(Yes/No)*	*For Official Use Only*

* Any expense that: occurred prior to 30 June 2017, does not broadly align with a medical certificate, and does not have a corresponding receipt - will not be included in reimbursement calculations.