



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

May 2024

Donor name

Date of expense (DD/MM/YY)	Type of expense (travel, accommodation, parking etc)	Details (name of hotel, road toll, car hire details etc)	Amount	Evidence included* (receipt, bank statement, statutory declaration (Yes/No)

\* Any expense that does not align with a medical certificate and does not have a corresponding receipt - will not be included in reimbursement calculations.