

SA Health Employee Accounts Payable Creation/Maintenance Form (AHP+PDRP)

This form can only be used by SA Health employees who will receive a reimbursement/payment through Accounts Payable **via the Allied Health Professional plus Professional Development Reimbursement Program (AHP+PDRP)**. It can be used by new employees and existing employees who would like to update/amend their details.

Please complete all sections of this form, ensure it is signed by an authorised person and upload it to your application via the [AHP+PDRP website](#). If the round is no longer open, please email it to AHPplus@health.sa.gov.au. Incomplete and/or illegible forms will be returned for correction.

To be completed by **Employee**

SECTION 1 – REQUEST TYPE			
<input type="checkbox"/> New supplier		Supplier ID:	
<input type="checkbox"/> Update/amend existing supplier details			
SECTION 2 – GENERAL EMPLOYEE DETAILS			
Surname		First Name	
Employee Number		Phone Number	
SECTION 3 – FINANCE DETAILS (payments and remittance advice will be sent to the details outlined below)			
Residential Address (Identical to HR21)			
Email For Remittance			
Name of Financial Institution			
Branch Address			
BSB (Identical to HR21)		Account Number (Identical to HR21)	
Account Name			
SECTION 4 – EMPLOYEE AUTHORISATION			
Name			
Position Title			
Signature			

To be completed by the **Director/Manager**

SECTION 5 – DETAILS OF FORM AUTHORISER (this should be the employee's direct line manager)			
Name			
Position Title			
Email			
Telephone		Fax	
Signature		Date	