



Privacy Disclaimer: The collection of personal information on this form is authorised under the *Public Service Act 1996*. Your personal information will not be disclosed to other parties without your consent unless required to do so by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this form.

Important Information: Please complete all sections of this form, indicating 'N/A' where not relevant.

Representative	Name:		Vendor Number:	
	Address:			
	Phone:			
Meeting/ Committee	Meeting name:		Start time:	
	Meeting date:		Finish time:	

TRAVEL ***If claiming travel expenses, this section must have all relevant boxes completed before payment can be processed*

From:		To:	
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Private vehicle

Make:		Model:	
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Trip details

Odometer	Start:		Finish:	
Return Trip	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Total kms:	

Where available and when practical, public transport should be used as the first option when travelling to and from approved meetings. There is a cap placed on remuneration for transport by a private vehicle, which is 800km for a return journey to any approved meeting (Central Queensland).

- Allowable claim per kilometre (km)
- Vehicle (75 cents per km)
 - Motorbike (30 cents per km)

EXPENSE DETAILS	AMOUNT CLAIMED
Private vehicle kms x \$..... per km
Public transport costs	<input type="checkbox"/> Original receipts attached
Travel expenses (for example, taxi)	<input type="checkbox"/> Original receipts attached
Parking costs (Rockhampton Hospital paid parking)	<input type="checkbox"/> Original receipts attached
Consumer representatives on ongoing, regular, high-level committees (for example, consumer advisory committees/ forums *or per recruitment panel process)	<input type="checkbox"/> \$187.00 (4 hours and under) <input type="checkbox"/> \$374.00 (over 4 hours)*
Less formal engagement (for example, focus groups, reviewing patient information brochures) \$40.00 per hour including preparation time hours x \$40.00 per hour
Other approved cost , for example, professional development or training, printing, or photocopying	<input type="checkbox"/> Original receipts attached
TOTAL AMOUNT CLAIMED	
\$	

I certify that the account claimed is due and payable to me for the expenses incurred and/or services rendered as specified above.

Signature of Representative:		Date:	
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Disclaimer: Central Queensland Hospital and Health Service does not provide advice on the taxation implications of any reimbursement. The claimant is responsible for seeking their own taxation advice from an independent expert.

OFFICE USE ONLY

Confirmation of attendance (Committee chair or secretariate to complete)

Staff Name: Signature:

Position:

Cost Centre: GL Code: Fund Code:

Expenditure Approval Officer (name): Position:

Expenditure Approval Officer (signature): Date: