|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Claim made by (name) | | |  | | | | | |
| Address | | |  | | | | | |
| ABN (if you have one) | | |  | | | | | |
| Bank Account name: | | |  | **BSB:(6 digits):** | | **Account no.:** | | |
| Email for pay advice: | | |  | | | | | |
| Attending meeting of | | |  | | | | | |
| Held on (date/s) | | |  | | | | | |
| **Expenses**  **Please complete below according to expense types you are eligible to claim:** | | | | | **Rate**  ($) | | **\*GST**  ($) | **Total**  ($) |
| (1) | | **Fee** [ ] meeting(s) | | |  | |  |  |
| (2) | | **Other: agreed transport fee** | | |  | |  |  |
| Total | | **\*GST Note: If you are registered for GST then add 10% GST**  **TOTAL** | | |  | |  |  |
| **Please select one of the following options below:** | | | | | | | | |
| £ | I have an ABN and am registered for GST. I provided **[insert organisational name here]** with this form as my Tax Invoice for meeting attendance | | | | | | | |
| £ | I have an ABN but am not registered for GST. I will receive payment based on this claim  without GST | | | | | | | |
| £ | I do not have an ABN but have provided a [*Statement by a supplier*](https://www.ato.gov.au/forms/statement-by-a-supplier-not-quoting-an-abn/) *(reason for not quoting an ABN to an enterprise*) | | | | | | | |
| £ | I do not have an ABN and have not provided a *Statement by a supplier*. I understand that **[insert organisational name here]** is required by law to withhold 46.5% tax. | | | | | | | |
| I confirm that I am not entitled to any other payment or wage for the time spent doing these activities.  I submit that the details contained in this claim are correct and relate solely to expenses incurred in respect of activities undertaken to contribute to **[insert organisational name here]** work. | | | | | | | | |
| Signature…………………………………………...................................................... Date ............../ ............ / ......... | | | | | | | | |
| **OFFICE USE ONLY**  AUTHORISATION OF PAYMENT APPROVED:.................................................................. Date..………../…………../………  Cost code: ........................................................... $ | | | | | | | | |

**[Insert organisational name here]**

**[Insert organisational address here]**

Telephone: **[insert number here]** Fax: **[insert fax number here]**

Email: **[insert organisational email here]**

ABN: **[insert ABN here]**