

Consumer Engagement Expense Claim form

Disclaimer: MNHHS 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.

Details of consumer	Details of activity
Name:	Directorate/Clinical Stream:
Address:	Service/Department:
Phone number:	Activity name:
Email:	Description of your involvement: (For example: committee meeting, working group, interview panel, presentation)
	Date of activity: / /
	Length of activity:

Details of claim	
Original receipts must be submitted for payment to be processed.	
Claiming reimbursement	<p>Mileage for private vehicle use (Maximum of 100 kms can be claimed per day for return journey): \$</p> <p>Travelled from to</p> <p>Return journey: Yes No</p> <p>Total distance travelled kms @88c per km</p> <hr/> <p>Public transport: \$</p> <p>Evidence of bus, train or ferry travel expenses must be provided, for example a copy of a Go Card transaction or paper tickets.</p> <hr/> <p>Car parking \$</p>
Claiming special reimbursement	<p>Reasonable out-of-pocket costs may be reimbursed where prior approval has been granted:</p> <p>Childcare (Maximum \$60 per day) \$</p> <hr/> <p>Carer respite (Maximum \$60 per day) \$</p> <hr/> <p>Taxi for travel if unable to travel in private vehicle or on public transport \$</p>
Claiming payment	<p>Eligibility to claim payment will be outlined in the consumer role statement or description:</p> <p>Payment for standard engagement activities</p> <p><input type="checkbox"/> \$50 for activities less than 2 hours <input type="checkbox"/> \$100 for 2–4 hours (inclusive) <input type="checkbox"/> \$150 for over 4 hours \$</p> <p>Payment for participating in special engagement activities</p> <p><input type="checkbox"/> \$95 for activities less than 2 hours <input type="checkbox"/> \$190 for 2–4 hours (inclusive) <input type="checkbox"/> \$380 for over 4 hours \$</p>
<p>Total claim amount* \$</p>	

* I certify that the claim is payable to me for my involvement in the activity specified above and complies with the MNHHS *Partnering with Consumers Procedure*.

Signature of consumer: Date: / /



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Confirmation of consumer attendance at activity

I am a MNHHS staff member and I certify that the claim is payable and complies with the MNHHS *Partnering with Consumers Procedure*.

Signature: Date: / /

Name: Position:

Please submit completed original form along with supporting original receipts to your Business Support Team.

Finance only

Authorised Accounting Officer Certification

Vendor Number:

GL Account	Amount	Tax Code	Cost Centre	Internal Order	Text

I certify that this claim complies with the provisions of the Qld Health Financial Management Practice Manual which requires that:

- (1) the transaction has been approved by an officer having competent authority
- (2) the ledger accounts to be posted are correctly shown
- (3) supporting evidence exists that the payee has satisfactorily performed an approved transaction or that an event under an approved scheme or arrangement has occurred and gives rise to an obligation to pay
- (4) the amount is computed from approved rates and is arithmetically correct
- (5) the obligation to pay has not previously been satisfied
- (6) where payment will be made on or before the due date, the amount shown for payment is net of available discounts
- (7) the GST Tax Code is correct.

Signature: Date: / /

Name (Please print): Position (Please print):

Authorised Expenditure Officer Certification

I certify that:

- (1) the payee has satisfactorily performed an approved transaction under an approved arrangement and gives rise to an obligation to pay
- (2) the ledger accounts to be posted are correctly shown
- (3) funds are available and voucher is approved.

Signature: Date: / /

Name (Please print): Position (Please print):