Queensland Government
Queensland Health

CLAIM FOR EXPENSES INCURRED

Fax completed form to the Office of Rural Health on 4624 1818

TO BE COMPLETED BY CLAIMANT

Surname	Given Name	Position

Address

CLAIM SUMMARY: Please attach original Tax Invoice and Receipt		Amount $ c
Actual Expenses		
	TOTAL $	

CLAIMANTS CERTIFICATE

I certify that the account claimed above is due and payable to me for the expenses incurred or services rendered as specified above, and that the claim is in accordance with section 34(2) of the Public Service Act 1996, Sections 2.3 and 2.7 of the Industrial Relations Manual and Directives Numbered. 16/99 and 3/00 of the Department of Employment, Training and Industrial Relations.

I declare that the above expenses incurred by me were 100% applicable for business purposes

(Australian taxation requirement)

Signature _____ Date _____

OFFICE USE ONLY

Vendor number

G L Account	Amount	Tax	Cost Centre	Internal Order	Text
512100		P5	702055	15121	PGSS:
					PGSS:
					PGSS:

Certificate of Authorised Accounting Officer

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

(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

Signature	Date	Erica Rayner	Assistant Project Officer
		Name (Print)	Position (Print)

Certificate of Authorised Expenditure Approval Officer

I certify that

(1) that the charge is one which was necessarily required in the provision of an approved departmental service and is cost justified
(2) that the itinerary was approved by the appropriate senior officer
(3) funds are available and voucher is approved

Signature	Date	Judith MacNamara	Senior Administration Officer
		Name (Print)	Position (Print)