



VMO Employee Setup Form

Complete and send to your Accounts Payable area
ALL MANDATORY FIELDS MUST BE COMPLETED

Type

Comments:	* District	Vendor No.
	* District Phone No.	

VMO Employee Information

* Vendor Type	Employee (Gen-EMPL) <input checked="" type="checkbox"/>			
* Action	New <input type="checkbox"/>	Change <input type="checkbox"/>	Block <input type="checkbox"/>	Delete <input type="checkbox"/>
* Name	_____			
* Payroll No.	_____			
* Home Address	_____			
	Suburb	State	Postcode	
	_____	_____	_____	
Postal Address	PO Box	Suburb	State	Postcode
	_____	_____	_____	_____
Telephone	_____			
Mobile	_____			
Fax	_____			
Email	_____			

Payment Details

* Payment Method: *ALL Qld Health employees are paid by EFT only*

EFT - Complete bank details below or include bank deposit slip

Receive EFT Remittance Advice by **Fax** **Post** **Email**

Fax No. or Email _____

* Bank Account Details:

BSB No. _____ Account No. _____

Account Name _____

Bank Name _____ Branch _____

Authorisation

<p>* Authorisation:</p> <p>_____</p> <p><u>VMO Employee Signature</u></p> <p>Signature required by VMO employee - In lieu of supporting documentation to confirm banking details</p>	<p>_____</p> <p><u>Witness to VMO Employee Signature</u></p> <p>Name _____</p> <p>Position _____</p>
---	---

QH Authorisation

This section completed by Queensland Health Representatives ONLY

The Accounts Payable Officer and Authoriser CANNOT be the same person		FAMMIS Use Only Checked & Entered by:
Accounts Payable Officer:	Authorised by:	
Signature _____	Signature _____	
Name: _____	Name: _____	
Position: Accounts Payable Officer	Position: _____	Signature _____
Date: _____	Date: _____	Name: _____
		Date: ____ / ____ / ____

* Donates mandatory fields - any incomplete forms will not be processed