



Paid participation claim form

Participant details (all fields compulsory)

| | | | |
|-----------|--|-------|--|
| Name | | | |
| Telephone | | Email | |

Activity details (all fields compulsory)

| | | | |
|---------------------------|--|----|--|
| Claim for (name of event) | | | |
| Date(s) | | To | |

Please confirm you have not changed any personal details i.e., your name, address or payment details since your last claim or completing the vendor form.

Private vehicle calculator (if applicable)

NOTE: Expense for private vehicle use must be calculated on this form. A 100km cap for a round trip to any approved activity.

| | | | | | | |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|--|------------------|--|
| Private vehicle type | Make | | Model | | Registration No. | |
| Motor vehicle class | <input type="checkbox"/> 1600cc or less (63 cents per km) <input type="checkbox"/> 1601cc – 2600cc (74 cents per km) <input type="checkbox"/> 2601cc or over (75 cents per km) | | | | | |
| Motorcycle | <input type="checkbox"/> 250cc and under (25.02 cents per km) | | <input type="checkbox"/> Over 250cc (30 cents per km) | | | |
| Trip 1 - Travel detail (physical address) | From | | To | | | |
| Odometer reading | Start | | Finish | | | |
| Return journey | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Trip 2 - Travel detail (physical address) | From | | To | | | |
| Odometer reading | Start | | Finish | | | |

Expense claim

| Participation | Amount claimed |
|-------------------------------------------------------------------------------------------------------------|----------------|
| NOTE: All participation expenses are to be agreed by the Commission before commencement of activity. | |
| Chairperson / Facilitator | \$ |
| General participant | \$ |

Travel and other allowances

NOTE: All claimable travel, accommodation, allowances and out of pocket expenses are listed in Appendix 1 of the Paid Participation Policy (Corporate Standard 0011) available on www.qmhc.qld.gov.au. The entitlement is set as the Remuneration procedures for part-time chairs and members of Queensland Government bodies.

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| Private vehicle – Before use of a private vehicle, the participant must certify that the vehicle is insured with comprehensive or third-party property damage insurance. | \$ |
| Public transport – Public transport should be used as the first option when travelling to and from approved Paid Participation activities. Receipts/tickets must be provided. | \$ |
| Domestic Travelling and Relieving Expenses – Please refer to Appendix 3 of the Paid Participation Policy to calculate. | \$ |
| Other out of pocket expenses – The Commission will reimburse pre-approved out of pocket expenses relating to the participation. Receipts must be provided. Other expense (please detail): | \$ |
| Total amount claimed: | \$ |

Participant certification

I, the undersigned, certify that the account claimed is due and payable to me for the expenses incurred and/or services rendered as specified above and are in accordance with the Queensland Mental Health Commission’s Paid Participation Policy.

Name in full _____

Signature _____

Date _____

Office use only

Project officer verification (ensure all compulsory fields completed)

Name in full _____

Position _____

Signature _____

Date _____

Project code OR Cost centre and Analysis code

Natural account code: 526202

Line manager approval

Name in full _____

Position _____

Signature _____

Date _____