

Total Claim (\$)



TAX INVOICE

NOTE: All relevant sections are to be completed in full. Expense claims must be submitted within 30 days of attendance at a meeting. An ABN must be included if claiming GST otherwise tax will be withheld at 46.5% on relevant items. Individuals without an ABN may claim actual expenses. Accommodation and airfares should be approved by AHA and arranged through Corporate traveller where possible or reimbursement may not be guaranteed. Copies of tax receipts must be attached for substantiation purposes.

Name of Attendee:			Addre	ess:		
Event/Meeting Title:						
Date of Meeting:						
AHA Contact: Geraldine Wickham / Narelle Jones			Mobi	Mobile #:		
Name of Payee:			Emai	l:		
(if different)						
-				t Deposit mation	Account Name:	
					BSB no:	
ABN:					Account no:	
The following expension]	Car expe		
Airfares (refer to travel policy)		<u> </u>	<u>-</u>	са: охро		
Meals						
Transport from and to airport Taxi / Uber / Parking				Total Km's travelled @ \$0.88 per km		@ \$0.88 per km
Accommodation (refer to travel policy)			_			
Total (including GST)	\$			Total Car	Expense Claim	5
* Please emai	il your claim and rece		malhealthaus		<u>.au</u> for processing	g.
	ACTUAL COST (including GST)	Account	Cost Centre			
Airfares		722 100)	Authorise	d:	
Meals / accommodation	on	722 100		Dated:		
Incidentals (as above)		722 100		Payment	No:	
Car expense (as above	·)	722 100				
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