ORIENTEERING QUEENSLAND INC

ABN: 36 766 130 187

CLAIM FORM-PAYMENT FOR SERVICES RENDERED

From 1/7/24

(OQ Employees,Mappers, Coaches, Contractors)

Claimant: _____	Office Use Only
ABN No: _____	
(Claimants must either have an ABN number OR complete the declaration below)	
Postal Address: _____	Date Paid _____
_____ **Postcode:** _____	Ref No. _____

Date	Details of Service Claimed	GST on receipts	Amount Claimed
	Note: Attach or scan and email supporting receipts.		
	Note: MV travel should be supported by a fuel receipt on return,		
	if possible, otherwise claim 66c per km travelled.(75% ATO rate)		
TOTAL		$ -	$ -

CERTIFICATE OF CLAIMANT:

I certify that the sum $ - detailed above is due and payable to me for services rendered or items supplied by me on behalf of Orienteering Qld Inc.I have attached receipts where possible.

Signature: _____ Date: _____

DECLARATION: (Must be completed if no ABN supplied to avoid withholding tax)

The payment above was received as a consequence of the pursuit of a recreation or hobby.

Signature: _____ Date: _____

Direct deposit option: BANK: _____

BSB NO: _____ ACC NO: _____

ACC. NAME: _____