



ORIENTEERING QUEENSLAND INC

ABN: 36 766 130 187

CLAIM FORM-PAYMENT FOR SERVICES RENDERED

From 1/7/22

(OQ Employees, Mappers, Coaches, Contractors)

Claimant: _____ ABN No: _____ (Claimants must either have an ABN number OR complete the declaration below) Postal Address: _____ _____ Postcode: _____	Office Use Only Date Paid _____ Ref No. _____
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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 78c per km travelled.		
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: _____