



ORIENTEERING QUEENSLAND INC
ABN: 36 766 130 187
CLAIM FORM - EMPLOYEE WAGES CLAIM FY2025

Employee: _____	Office Use Only
Postal Address: _____	Date Paid _____
_____ Postcode _____	Ref No. _____

Date/Month	Hours	Bdgt Item	Detail	Amount
TOTALS	-		Hours x \$39.20 per hour	\$ -
Gross Wages				
Less PAYE: (Office use only)				
Net Wages (Office use only)				

CERTIFICATE OF EMPLOYEE:

I certify that the sum \$ _____ - _____ detailed above is due and payable to me for wages incurred by me on behalf of Orienteering Queensland Inc.

Signature: _____ Date: _____