ORIENTEERING QUEENSLAND INC

ABN: 36 766 130 187

CLAIM FORM - EMPLOYEE WAGES CLAIM FY2024

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

Date/Month	Hours	Bdgt Item	Detail	Amount
TOTALS	-		**Hours x $37.78 per hour**	$ -
Gross Wages Less PAYE: (Office use onlly) **Net Wages (Office use only)**				

CERTIFICATE OF EMPLOYEE:

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

Signature: _____ Date: _____