



MURRAY CITY
COUNTRY COAST
GP TRAINING

ABN: 37 606 813 441

PO Box 165
Wodonga Vic 3689
Ph 02 6062 3800
Fax 03 9999 4558

CLAIM FORM – NON GP

Claimant's Name:

Entity:

Address:

Email: **Phone:**.....

ABN: **Is the entity registered for GST? YES** **NO**

Rates: Travel 68 c/km (Plus GST if registered)

Date	Activity	Hrs / kms	Amount
	Travel time		
	Travel – kms		

Method of payment whichever is applicable:		
Tax invoice <input type="checkbox"/> (this form is a tax invoice if ABN supplied) IF no ABN supplied then please complete and sign Statement by Supplier below.		Please tick relevant box and then sign below.
Statement by Supplier (Reason/s for not quoting an ABN) <input type="checkbox"/> The payment does not exceed \$75, excluding GST OR <input type="checkbox"/> The supply in relation to this claim is made in the course of furtherance of an activity done as a private recreational pursuit or hobby OR <input type="checkbox"/> The supplier is not entitled to an ABN as they are not carrying on an enterprise in Australia.		
		Signature Date.....

Method of payment
 EFT (fill in account details below for new accounts)

Account Name:										Bank:					
BSB (6 digits)							Account no.								

Office Use Only	
AMT/ \$	
G/L Account :	
Authorised for payment:	
Authorised for payment:	
Date Paid:	
EFT/Cheque No:	

Please return to co-ordinator on day of workshop, or email accounts@mccc.com.au or fax to 03 9999 4558