



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 – GP

Claimant's Name:

Entity:

Address:

Email: Phone:.....

ABN: Is the entity registered for GST? YES NO

Rates: \$120 per hour + 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