

How to complete the Electronic Consumer Sitting Fee and Reimbursement Claim Form

Electronic signatures

Using an electronic signature (also known as an eSignature), makes it easier to sign the new Consumer Reimbursement Claim Form. It also helps streamline your payment.

It is faster, as you no longer need to print the claim form out, physically sign, scan and send it back. You just need to create your eSignature once, and then add it to your future claims.

Making an eSignature is easy to do.

There are a few different ways to [create your eSignature](#).

These include:

- **Draw your signature using your finger or a stylus:** If you have a touchscreen, use your finger to create an eSignature by signing on a mobile device or tablet.
- **Upload an image of your signature:** Use your phone or camera to take a picture of your paper signature.
- **Use your cursor to draw your signature:** Use your mouse or touchpad; drag your cursor along the signature line to create a unique eSignature.
- **Use your keyboard to type in your signature:** This is the easiest way to create your eSignature. Once you've typed your name, select a font that best matches your paper signature.
- **Use a scanner:** Scan your hand written signature and save it as a .jpg or .png file.



Consumer to complete:

<p>B — Consumer, carer, consumer representative details</p> <p>1 Name <input type="text"/></p> <p>2 Contact number <input type="text"/></p> <p>3 Email address <input type="text"/></p> <p>Address <input type="text"/></p>	<p>Section B: Enter the following details:</p> <ul style="list-style-type: none"> > Name > Contact number > Email address > Address (Item 1 – 3). 												
<p>C — Meeting or consumer activity details</p> <p>4 Name of committee, working group, workshop, activity <small>(One form completed for each activity)</small></p> <input type="text"/> <input type="text"/> <input type="text"/>	<p>Section C: Enter the following details:</p> <ul style="list-style-type: none"> > Name of committee, working group, workshop and/or type of activity > Location of the meeting (address) > Meeting or activity date (Item 4 – 6). 												
<p>D — Sitting Fees</p> <p>7 Sitting fee</p> <table border="0"> <tr> <td>Hours attended</td> <td>Rate</td> <td>Subtotal</td> </tr> <tr> <td><input type="text"/></td> <td>x \$35</td> <td>= <input type="text"/></td> </tr> </table> <p>8 Preparation time</p> <table border="0"> <tr> <td>Hours</td> <td>Rate</td> <td>Subtotal</td> </tr> <tr> <td><input type="text"/></td> <td>x \$35</td> <td>= <input type="text"/></td> </tr> </table> <p>9 Total Sitting Fees <small>Sum of subtotals in Q7, Q8</small> <input type="text" value="0.00"/> <input type="button" value="hide / unhide"/></p>	Hours attended	Rate	Subtotal	<input type="text"/>	x \$35	= <input type="text"/>	Hours	Rate	Subtotal	<input type="text"/>	x \$35	= <input type="text"/>	<p>Section D: Sitting Fees</p> <ul style="list-style-type: none"> > Enter the hours attended, i.e. 1 or 1.5 for sitting fees and preparation time (Item 7 – 8) <p>*The rates are pre-populated and the form will total the amount automatically.</p>
Hours attended	Rate	Subtotal											
<input type="text"/>	x \$35	= <input type="text"/>											
Hours	Rate	Subtotal											
<input type="text"/>	x \$35	= <input type="text"/>											
<p>E — Reimbursement <small>(GST Inclusive amounts)</small></p> <p>10 Are travel expenses being claimed? <small>SELECT "YES" to claim</small></p> <p>No <input type="checkbox"/> Go to question 12</p> <p>Yes <input checked="" type="checkbox"/> Complete details below <small>SELECT "TRAVEL EXPENSE" ie mileage, car parking etc</small></p> <p><small>Items may be totalled – eg total car park fees.</small></p> <p>Mileage <input checked="" type="checkbox"/> <small>Total Distance (km) Rate in dollars** Subtotal</small></p> <table border="0"> <tr> <td><input type="text"/></td> <td>x \$</td> <td>= \$</td> </tr> </table> <p><small>** as agreed - refer to meeting coordinator if unsure.</small></p> <p>Car parking <input type="checkbox"/> <small>Attach receipt(s)</small> <input type="text" value="\$"/> <small>**Mileage rates: Vehicle: \$1.08/km Motorcycle/scooter: \$0.43/km Refer to Determination 3.2</small></p> <p>Bus/Train <input type="checkbox"/> <input type="text" value="\$"/></p> <p>Taxi <input type="checkbox"/> <small>Attach receipt(s)</small> <input type="text" value="\$"/></p> <p>Air fare <input type="checkbox"/> <small>Economy class only. Attach receipt(s).</small> <input type="text" value="\$"/></p> <p>11 Total travel expense <small>Sum of items in Q10</small> <input type="text" value="0.00"/> <input type="button" value="hide / unhide"/></p>	<input type="text"/>	x \$	= \$	<p>Section E: Reimbursements (Items 10 – 12)</p> <ul style="list-style-type: none"> > If claiming, select "Yes" followed by clicking expenses being claimed > Select "Mileage" – enter kms and rate > Select "Car parking" – enter amount > Select "Bus / Train" – enter amount > Select "Taxi" – enter amount > Select "Air fare" – enter amount <p>*The total will be populated automatically.</p>									
<input type="text"/>	x \$	= \$											
<p>12 Are other expenses being claimed? <small>Receipt(s) must be attached.</small></p> <p>No <input type="checkbox"/> Go to question 14</p> <p>Yes <input type="checkbox"/> Complete details below</p> <p>Child care <input type="checkbox"/> <input type="text" value="\$"/> <small>Once you have selected "Yes", select the expense you wish to claim (child care, respite etc)</small></p> <p>Respite care <input type="checkbox"/> <input type="text" value="\$"/></p> <p>Accommodation <input type="checkbox"/> <input type="text" value="\$"/></p> <p>13 Total other expenses <small>Sum items in Q12</small> <input type="text" value="0.00"/> <input type="button" value="hide / unhide"/></p> <p>14 Grand Total <small>Sum totals Q9, Q11 & Q13</small> <input type="text" value="0.00"/></p>	<p>Other expenses (Items 12 – 13)</p> <ul style="list-style-type: none"> > If claiming, select "Yes" followed by clicking expenses being claimed > Select "Child care" – enter amount > Select "Respite care" – enter amount > Select "Accommodation" – enter amount 												

F — Banking details, supplier statement and certification

15 Update bank details
Only complete if your bank details have changed. Else go to Q16

Updated banking details

Account Name

BSB

Account Number

16 Claimant Statement by Supplier
I hereby state the following reason(s) for not quoting an ABN: (please tick the most appropriate statement)

I am an individual aged under 18 years and the payment does not exceed \$350 a week.

The payment does not exceed \$75, excluding any goods and services tax (GST).

The supply is made by an individual or partnership without a reasonable expectation of profit or gain.

I am not entitled to an ABN as I am not carrying on an enterprise in Australia.

I am an individual and this is a written statement to the effect that the supply is made in the course or furtherance of an activity done as a private recreational pursuit or hobby.

17 Claimant Certification
I hereby certify that:

- The expenses detailed above were actually and necessarily incurred in the performance of my duties for / on behalf of SA Health
- I have attached compliant Tax Invoices / Receipts, or appropriate supporting documentation, to substantiate this claim
- These expenses have not been previously claimed.

Signature Date

Section F: Banking details, supplier statement and certification (Item 15 – 17)

- > Banking details – only complete banking details if they have changed since your last claim.
- > Select the most appropriate statement that applies to you

Claimant Certification – Follow instructions below on how to insert your eSignature.

How to insert your eSignature
Option 1

Signature



Click on the **Signature icon**. Locate your eSignature (that you created in the previous step) and click **ok**.

Option 2

Select Image

File: /SAGRAHF19/FRCUSERS/pranier/De

Sample



1 out of 1 images

Select **Browse** to locate your eSignature (that you created in the previous step) and click **ok**.

Signature

Date 17/03/2021

Enter the date you are completing the claim form.

Save the claim form and once complete **email** it and receipts to your Local Health Network representative to authorise and process on your behalf.

For more information

SA Health, Safety and Quality
Telephone: 8226 2567
www.sahealth.sa.gov.au/safetyandquality

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