

## Consumer Sitting Fee and Reimbursement Claim Form

**SA Health Staff - please send completed, authorised form & supporting documentation to:**

Shared Services SA Accounts Payable Team via email [SAHealthReimbursement@sa.gov.au](mailto:SAHealthReimbursement@sa.gov.au) or fax (08) 8115 1391

This form is to be used to claim sitting fees or reimbursements for participation in advisory groups, committees, working groups, workshops, focus groups and consumer engagement activities.

The [Sitting Fees and Reimbursement for External Individuals Policy](#) (the Policy) provides further guidance on eligibility. This form has been developed in accordance with the Policy – If an expense category is not on this form it cannot be claimed.

### A — Should I complete this form?

If you are an individual consumer, carer, or consumer representative

- **Complete all relevant sections.**

Do not complete this form if you are:

- representing an organisation / business
- providing professional advice / opinion as part of your business, and / or
- a member of a Government appointed part-time board, committee, tribunal, trust, commission, or council pursuant to *PC016 Remuneration for Government appointed part-time boards and committees*.

In these instances, refer to the [Consumer Sitting Fee and Reimbursement claim form FAQ](#).

### B — Consumer, carer, consumer representative details

**1 Name**

**2 Contact number**

**3 Email address**

**Address**

  


### C — Meeting or consumer activity details

**4 Name of committee, working group, workshop, activity**  
*(One form completed for each activity)*

  
  


**5 Location of meeting(s) or activity**

*(if required, for group administration records)*

  


**6 Meeting or consumer activity date(s)**

  


### D — Sitting Fees

**7 Sitting fee**

Hours attended	Rate	Subtotal
<input type="text"/>	x \$ <input type="text"/>	= <input type="text"/>

**8 Preparation time**

Hours	Rate	Subtotal
<input type="text"/>	x \$ <input type="text"/>	= <input type="text"/>

**9 Total Sitting Fees**

*Sum of subtotals in Q7, Q8*

### E — Reimbursement (GST Inclusive amounts)

**10 Are travel expenses being claimed?**

No  Go to **question 12**

Yes  Complete details below

*Items may be totalled – eg total car park fees.*

SELECT "YES" to claim

SELECT "TRAVEL EXPENSE" ie mileage, car parking etc

Mileage <input type="checkbox"/>	Total Distance (km)	Rate in dollars**	Subtotal
	<input type="text"/>	x \$ <input type="text"/>	= \$ <input type="text"/>

*\*\* as agreed - refer to meeting coordinator if unsure.*

Car parking <input type="checkbox"/>	Attach receipt(s).
	\$ <input type="text"/>

Bus/Train <input type="checkbox"/>	\$ <input type="text"/>
------------------------------------	-------------------------

Taxi <input type="checkbox"/>	Attach receipt(s).
	\$ <input type="text"/>

Air fare <input type="checkbox"/>	Economy class only. Attach receipt(s).
	\$ <input type="text"/>

**\*\*Mileage rates:**

Vehicle: \$1.14/km  
 Motorcycle/scooter: \$0.46/km  
 Refer to Determination 3.2

**11 Total travel expense**

*Sum of items in Q10*

**12 Are other expenses being claimed?**

*Receipt(s) must be attached.*

No  Go to **question 14**

Yes  Complete details below

Child care <input type="checkbox"/>	\$ <input type="text"/>
-------------------------------------	-------------------------

Respite care <input type="checkbox"/>	\$ <input type="text"/>
---------------------------------------	-------------------------

Accommodation <input type="checkbox"/>	\$ <input type="text"/>
--	-------------------------

Once you have selected "Yes", select the expense you wish to claim (child care, respite etc)

**13 Total other expenses**

*Sum items in Q12*

**14 Grand Total**

*Sum totals Q9, Q11 & Q13*

**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 - create digital / electronic

OR

Signature - upload image of signature

**G** — Certification and Authorisation

**18 Certifying officer (if applicable)**

As the certifying officer, I certify payment of the sitting fee and/or reimbursement is in accordance with the [Sitting Fees and Reimbursement for External Individuals Policy](#), and the claimant's engagement letter or similar.

Name (Print)

Position Title

Health Service/ Division

Health Network/ DHW/SAAS

Contact Number

Signature  Date

**19 Authorisation by Manager or Reporting Officer**

As the delegated authority, I authorise payment of the claim outlined in this form. I certify payment of the sitting fee and/or reimbursement is in accordance with the [Sitting Fees and Reimbursement for External Individuals Policy](#), and the claimant's engagement letter or similar.

Name (Print)

Position Title

Health Service/ Division

Health Network/ DHW/SAAS

Contact Number

Delegation Level

Signature  Date

**OFFICE USE ONLY**

**H** — Claim details

Expense Details	*Tax Code	Amount (GST Excl)	GST Amount	Total Amount (GST Incl.)	Cost Code/RI	^Natural Account
Section is Office use only						

**Total claim**

\*GST10 – for amounts which include GST  
 \*NOTAXINCL – for amounts that have no GST included in the price

^Natural Account codes:  
 71841 – Board Fees (Q09)  
 71842 – Board Travel (Q10)  
 71843 – Board Other (Q13)