



VOLUNTEER CLAIM FOR EXPENSES TO ATTEND THE WA FIRE AND EMERGENCY SERVICES CONFERENCE

Name of Volunteer [Supplier] (Full name in Capital Letters)		Address of Volunteer [Supplier] (Write full address in Capital Letters)	
Name of Bank & Branch		BSB No. & Account No.	
Bank: _____		BSB No.: _____	
Branch: _____		Account No.: _____	
Brigade Group (Please Tick)		Brigade/ Unit/ Committee Name	
<input type="checkbox"/> VFRS	<input type="checkbox"/> VBFB		
<input type="checkbox"/> SES	<input type="checkbox"/> VES		
<input type="checkbox"/> VMRS	<input type="checkbox"/> Committee		
<input type="checkbox"/> VFS			

NOTE:

Payment is strictly by direct credit to the claimant's bank account. Failure to provide bank details would result in processing delay.

STATEMENT BY SUPPLIER

This statement should be completed by volunteers when not quoting an Australian Business Number (ABN) when making a claim. Under the 'Pay As You Go' legislation and guidelines provided by the Australian Taxation Office, I provide DFES with a written statement that the supply (i.e. travel) that had been made to DFES is in the course of attendance at a DFES approved/ required volunteer training course, operations or meetings. The Supply was made in my capacity as an individual volunteer and in the course of an activity that I have no reasonable expectation of profit or gain from. In these circumstances I do not meet the definition of an enterprise for tax purposes. Therefore I am not quoting DFES an ABN. DFES should not withhold an amount from the payment that is made to me for supply. I agree to advise DFES in writing if circumstances change to the extent that this statement becomes invalid.

Signature of Supplier (Volunteer) _____ **Date:** _____ **Phone No.** _____

[I understand that it is an offence to make a false or misleading claim]

I request payment for expenses incurred on official business on the occasion of [state nature of business]:

(eg. Attended the 2013 WA Fire and Emergency Services Conference in Perth)

CAR Rego. No.	Date of Travel Expense/Accommodation	Travel or Expense Details		Engine (Capacity CC)	Rate (cents/km) Expenses	Distance Travelled (Km)	Total Claimed \$
		From	To				
Sub-total							
Parking							
Meals							
Accommodation							
Total							

Please attach receipts.

Manager's Use Only

Approved: Yes / No

"I certify that this account is correct in respect of the requirements of T1 304(4)(i) to (vii)"

Amount: \$ _____

Name of Manager: _____ **Signature of Manager:** _____

Position Title: _____ **Date:** _____

Account Code: _____ 3003 / 234 / 10 / 1552

Please note: Keep a copy of the completed Claim Form including all receipts for your personal taxation records.

**Forward completed form and receipts to: Events and Promotions Officer, Media and Corporate Communication,
Department of Fire and Emergency Services, 20 Stockton Bend, Cockburn Central WA**