

COORDINARE Paid Participation Form - PARTICIPANT INSTRUCTIONS

1. Enter your details

Note: Please fill out one form for **each day of activity**. If you participated in activities on different days you will need to fill out a form for each of those days.

Participant Details

☐ I am an individual, this supply is of a private nature and no ABN needs to be supplied. *

Complete mandatory fields

Full name *

Email address *

Activity date *

dd/mm/yyyy

Who was the activity for? *

COORDINARE

Type of activity *

COORDINARE / Suicide Prevention Collaborative contact name *

Add COORDINARE / Suicide Prevention Collaborative contact related to the activity

2. Enter your banking details

Banking Details

☐ I have already submitted my banking details.

Select this if you have submitted a form previously – your banking details will be on file.

Bank

BSB (XXX-YYY)

Account Number

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3. Enter your expenses

Activity Claim

Activity rate *

- ☐ Daily rate (5+ hours) - \$455.25
- ☐ Part day rate (4 hours or less) Hourly rate:\$91.05 (rounded up or down to the nearest full hour)
- ☐ None

Select the appropriate activity rate

Note: if you only want to claim out-of-pocket expenses, just select "None".

Expenses

Out-of-pocket expenses

\$ Hit enter after entering amount to upload receipts

Upload receipts for any out-of-pocket expenses

E.g. meals, taxis and parking. This will be reimbursed on top of the activity fee.

Use of personal motor vehicle

☒ Please enter kilometres travelled

Date of Journey		Purpose of Journey	Odometer		Business	Private	
Start	End		Start	End			
dd/mm/yyyy	dd/mm/yyyy						

Select the "Please enter KM travelled" checkbox to input any personal motor vehicle km if required. Multiple journeys can be added

\$

Travel costs will be reimbursed in addition to payment of meeting fee on a per km basis at the rate of 85c per kilometre.

This field will automatically calculate

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4. Confirm and submit form

Total Paid Participation to be Paid Upon Approval

\$ 0.00

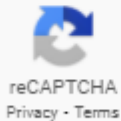
This is the sum of Meeting Fee, Non-Meeting Day Fee, Out-of-Pocket Expenses, and Travel Costs.

This field will automatically calculate

☐ I confirm that information in this form is correct and consent for my information to be shared with COORDINARE to process my payment. *



I'm not a robot



Click confirmation and consent and anti spam filter

SUBMIT

On submit the completed form will be sent to the **COORDINARE Finance team** for approval and payment.

A copy of this form will also be sent to you.