# **Honorarium & Reimbursement Claim Form (2023)**

Reimbursement for your time and contribution in accordance with the current [Health Consumers Queensland renumeration rates](https://www.hcq.org.au/wp-content/uploads/2015/12/Consumer-Remuneration-Rates-Dec-2015.pdf)

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| --- |
| **YOUR DETAILS:** |
| **Claim made by** |  **[NAME]** |
| **Address** |  |
| **ABN (if applicable)\*** |  |
| **Are you registered for GST?** |  **☐No ☐Yes, and I have provided a tax invoice for reimbursement of fees** |
| **BANK ACCOUNT DETAILS FOR REIMBURSEMENT:** |
| **Account name** |  |
| **Account number** |  | **BSB** |  |
| **CONSUMER ENGAGEMENT ACTIVITY DETAILS:** |
| **Research project NAME** |  |
| **Activity &/or meeting** | **Notes/comments** | **Rate** | **Amount** |
|  |  |  | **$** |
|  |  |  |  |
| **Honorarium TOTAL** |  | **$** |
| **Out-of-pocket expenses** | **Description** | **Amount Exc. GST** | **GST** | **Total** |
| (e.g. taxi, parking – please provide receipts) |  |  |  | **$** |
|  |  |  |  |  |
| **Expenses TOTAL** |  | **$** |
| I confirm that I am not entitled to any other payment for the time spent during these activities. I also confirm that the details in this claim for reimbursement are correct and relate solely to expenses incurred while participating in activities for the above-named research project for Faculty of medicine.\* If you do not provide an ABN you acknowledge the honorarium payment made:• relates to a private recreational pursuit or hobby• is wholly of a private or domestic nature |
| **Consumer Signature** |  | Date |  |
| **UQ Faculty of Medicine internal use only** |
| **Approved by (name)** |  | Date |  |
| **Cost codes (chart string)** |  |  |  |