# **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)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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)** |  |  | | |  |