**Consumer Remuneration Form**

**For the financial year 1 July 2020 to 30 June 2021**

Date: ………/………/………. Name: ……………………………………….…………………………….

Name of meeting/activity: ………………………………………………………….

|  |  |
| --- | --- |
| **DETAILS OF EXPENSE** | **AMOUNT CLAIMED** |
| **Meetings:**Date of meeting: / /20Meeting start time: ……………… Meeting finish time: ……………… Meeting duration: ………. hours @ $ per hour or $ 55.00 (daily rate of $440.00 applies after 8 hours) |  |
| **TOTAL AMOUNT CLAIMED:** | **$** |

**If you do not have an ABN, please complete the Statement by Supplier form:**

🞏 Attached 🞏 Already submitted

**Bank account details form:**

🞏 Attached 🞏 Already submitted

I certify that the amount claimed is due and payable to me for the expenses incurred and/or services rendered as specified above.

Signature: ……………………………………………………………………………. Date ……………………………

|  |
| --- |
| **For Finance** |
| 123283150 |