

Mental Health Professionals Network Ltd

ABN 67131543229

PO Box 203 FLINDERS LANE VIC 8009



NETWORK COORDINATOR

Tax Invoice / Claim Form

1. CLAIM FOR REIMBURSEMENT

Coordinator's Name:

Coordinator's Address:

Network Meeting Date:

Network Meeting Venue:

2. TAX STATUS

(Please select one of the options below: -)

1. I have an ABN and am registered for GST. I provide MHPN with this Invoice to reimburse network costs + GST

2. I have an ABN but am not registered for GST. I provide MHPN with this invoice to reimburse network costs.

3. I do not have an ABN. I provide MHPN with this Claim Form to reimburse network costs.

Your ABN:

3. EXPENSES INCURRED BY THE COORDINATOR

*Claim GST @ 10% if registered to claim ONLY

	A Amount (excl GST)	B *GST	C Amount (incl GST)
Expense details (receipts attached)			
4. EXPENSES NOT INCURRED BY THE COORDINATOR, TO BE PAID BY MHPN	A Amount (excl GST)	B *GST	C Amount (incl GST)
Invoices attached			
5. TOTAL	A Amount (excl GST)		
	\$500 MAX.		

6. EFT PAYMENTS

If you wish to be reimbursed by EFT rather than cheque, please provide your BSB and Account Numbers below:

BSB: Account Number:

7. CONFIRMATION

I confirm that I am not entitled to any other payment. I also confirm that the details in this claim are correct and relate solely to the activities of the MHPN Network Meeting

Signature..... Date...../...../.....

How to complete your Network Coordinator Tax Invoice / Claim Form

NB - The total of all expenses (excluding GST) cannot exceed \$500. It is the responsibility of the Network Coordinator to ensure all expenses (including those not directly incurred by the Coordinator) do not exceed \$500. MHPN will not take responsibility for any costs that exceed the total costs of \$500.

1. CLAIM FOR REIMBURSEMENT

Please insert your name, address and the date of the network meeting and the venue.

2. TAX STATUS

Please tick the appropriate box and record your ABN in the space provided (if applicable).

3. EXPENSES INCURRED BY THE COORDINATOR

All out of pocket expenses will be reimbursed. These may include venue hire, catering costs or guest speakers. All receipts must be provided with this Tax Invoice / Claim Form.

Total all receipts then -

If you ticked Box 1 in the Tax Status section:

Enter: Column A = Total of all receipts, i.e. \$300.00
Column B = 10% of total of all receipts, i.e. \$30.00 (GST)
Column C = Add Column A and Column B, i.e. \$330.00

If you ticked Box 2 or 3 in the Tax Status section:

Enter: Column A Only = Total of all receipts, i.e. \$300.00

4. EXPENSES NOT INCURRED BY THE COORDINATOR, TO BE PAID BY MHPN

All network meeting expenses organised specifically for the network, but not incurred by the coordinator will be paid by MHPN. All invoices must be provided with this Tax Invoice / Claim Form. All invoices must be either made to the name of the Coordinator or to MHPN. These may include things such as catering, venue hire or guest speakers organised by either MHPN on behalf of the coordinator, or catering, venue hire or guest speakers organised directly by the Coordinator.

Total all invoices then -

Enter: Column A = Total of all GST exclusive amounts
Column B = Total of all GST amounts
Column C = Total of all GST inclusive amounts

Invoices generally give GST details. If the invoice does not give GST details, assume the amount is GST inclusive. To calculate the GST portion divide the amount by 11.

For example if the invoice total is \$100 then divide 100 by 11. In this case the GST exclusive amount is \$90.91, GST is \$9.09 and the GST inclusive amount is \$100.00

5. TOTAL

Enter: Column 5A = 3A + 4A NB: This amount must not exceed \$500.

6. EFT PAYMENTS

If you wish to be reimbursed by EFT rather than cheque, please complete your BSB and Account Number

7. CONFIRMATION

Please read, sign and date the confirmation and either:

Fax to: **03** 9639 8936

Post to: MHPN

PO Box 203, Flinders Lane, VIC 8009