



- Complete sections 1, 2 and 3 prior to incurring entertainment expenditure.
- For payment of supplier invoices attach supporting invoices to this form and send to Accounts Payable.
- For reimbursements *also complete Section 5 Staff Member Details*, attach invoices or receipts and send to Accounts Payable.
- For payments on ABC supplied Visa or Amex cards, attach the card statement and send to Accounts Payable (relevant invoices or receipts are to be retained by the department).

Dinner - MM, MS, CK, C.S.
Mica Man Charley Chris Smith

Total number attending: 4

Discuss issues in N.T.

Date _____

Note: For transactions over \$75 a valid tax invoice must be attached to enable the ABC to claim GST credits.

• Work address to which remittance advice will be sent:

[illegible]

Phone 82526

8: Explanatory note
Entertainment includes provision of food, drink (in particular alcohol) and other costs related to activities primarily social in nature. Entertainment while on business overseas does not incur FBT, but must be supported by an Entertainment form. Provision of tea and coffee, working lunches and light refreshments (excluding alcohol) during working hours, are considered to be Staff Refreshments (element code 42500) or Location Catering (element code 48770) and do not need to be supported by an Entertainment Form.

IL LIDO ITALIAN
DARWIN AU

CUSTOMER COPY

Acquirer NAB
Merchant ID 50812239
Terminal ID M52119
Country Code AU
Date/Time 30/01/14 20:24
RRN 000001000990
VISA
VISA CREDIT
AID A00000000031010
*****4573 (1)
Credit A/C

TC APPROVED 00
C05700996527304E
AUTH ID 071202
PURCHASE \$236.50
TIP \$.....
TOTAL AUD \$.....

PLEASE RETAIN AS
RECORD OF PURCHASE
0000088000 1E0300 F800

108.00
22.00
22.00
15.00
14.00
181.00

BEVERAGE

1 ESPRESSO	4.50
1 DECAF	0.50
1 GLS WOLF GLASS SHIR	9.00
1 PEPPERMINT	4.50
2 SAN PELLIGRINO SPAR	16.00
1 GLS BROKENWOOD SEMI	10.00
1 NAUTILIS PINOT GRIS	11.00
8 ITEMS	55.50

15 ITEMS 236.50

SUBTOTAL 236.50

BTIPUS 236.50

NO CHANGE

GST Sales 236.50
GST Amount 21.50

ABN: 91 979 316 101

01-161256 30/01/2014 08:25PM Pierre Tabar

PH (08) 8941 0900 FAX (08) 8941 0033

info@ilidodarwin.com.au
www.ilidodarwin.com.au



Payment Request form

Request for payment without a Purchase Order

Please tick one:

- ☐ Request for payment with no supplier's invoice. ☒ Staff reimbursement.
☐ Request for prepayment. ☐ Request for payment outside standard terms.
☐ Artist payment.

Please send completed form and supporting documentation to Accounts Payable, Adelaide.

1. Supplier/Staff Member Details Please fill out ALL details in this section.

Name of Supplier (or Staff Member) Michael Millett Contact 82 2311

Agent (if applicable)

ABN (or Payroll number) 1014552

Address (to which remittance advice will be sent) millett, michael @ abc.net.au

Phone

Fax

Office Use Only
Vendor Number:

If first time Supplier, enter Financial Institution details of Supplier or Agent for payment:

Name of Institution

BSE Number

Branch Address

Account Name

Account Number

Tick if relevant:

- ☐ Supplier's ABN has been provided on a document relating to supply.
☐ GST charged and a Recipient Created Tax Invoice (RCTI) is required. Attach a copy of RCTI agreement.
☐ Supplier has completed an ATO 'Reason for not quoting an Australian Business Number to an enterprise' form. If so, attach a copy of this form.

2. Payment Details Enter any special text required here (maximum 40 characters). This text will be entered into the GL to help you identify the nature of expenditure when you generate a Cost/Profit Report.

B	I	G	P	O	N	D	R	E	I	M	B	S	A	U	G
2	0	1	3	-	4	F	E	B	2	0	1	4	M	M	

Payment Terms

Date Payment Required ASAP

Total Amount Payable \$ 540.70

GST Component \$ 49.75

Reason for payment Reimbursement for home internet as per contract

3. Account Details Attach another page if more space needed.

Cost Element	Cost Centre	WBS/Project	Internal Order	Amount
<u>43600</u>	<u>101009</u>			<u>\$540.70</u>
				\$

4. Approval for Payment will not be processed unless signed by authorised Manager/Supervisor.

Requestor's Name P. Millett

Phone 825261

Requestor's Signature [Signature]

Date 13/3/14

Approver's Name [Signature]

Phone 82 5342

Approver's Signature Mark Scott

Date

Approver's Title Managing Director

Office Use Only

Document No.

Date Entered

Manual Cheque No.



Payment Request form

Request for payment without a Purchase Order

Please tick one:

- ☐ Request for payment with no supplier's invoice. ☐ Staff reimbursement.
☐ Request for prepayment. ☐ Request for payment outside standard terms.
☐ Artist payment.

Please send completed form and supporting documentation to Accounts Payable, Adelaide.

1. Supplier/Staff Member Details Please fill out ALL details in this section.

Name of Supplier (or Staff Member) Nick LEYS

Contact 0413 621484

Agent (if applicable) 1001770

ABN (or Payroll number)

Office Use Only
Vendor Number:

Address (to which remittance advice will be sent) Leys.nick@abc.net.au

Phone

Fax

If first time Supplier, enter Financial Institution details of Supplier or Agent for payment:

Name of Institution

BSB Number

Branch Address

Account Name

Account Number

Tick if relevant:

- ☐ Supplier's ABN has been provided on a document relating to supply.
☐ GST charged and a Recipient Created Tax Invoice (RCTI) is required. Attach a copy of RCTI agreement.
☐ Supplier has completed an ATO 'Reason for not quoting an Australian Business Number to an enterprise' form. If so, attach a copy of this form.

2. Payment Details Enter any special text required here (maximum 40 characters). This text will be entered into the GL to help you identify the nature of expenditure when you generate a Cost/Profit Report.

L	E	Y	S		C	A	R	S		R	E	I	M	B					

Payment Terms

Date Payment Required ASAP

Total Amount Payable \$ 303.49.

GST Component \$ 27.59.

Reason for payment Nick paid for work to be done himself.

3. Account Details Attach another page if more space needed.

Cost Element	Cost Centre	WBS/Project	Internal Order	Amount
48020	101010			\$303.49.
				\$

4. Approval for Payment Will not be processed unless signed by authorised Manager/Supervisor.

Requestor's Name P McIntyre

Phone 825261

Requestor's Signature PM

Date 13/3/14

Approver's Name Michael McBeth

Phone 822311

Approver's Signature M. McBeth

Date 13/3/14

Approver's Title Director Corp Affairs

Office Use Only

Document No.

Date Entered

Manual Cheque No.



Payment Request form

Request for payment without a Purchase Order

Please tick one:

- ☐ Request for payment with no supplier's invoice, ☒ Staff reimbursement,
☐ Request for prepayment, ☐ Request for payment outside standard terms,
☐ Artist payment.

Please send completed form and supporting documentation to Accounts Payable, Adelaide.

1. Supplier/Staff Member Details Please fill out ALL details in this section.

Name of Supplier (or Staff Member) NICK LEYS Contact 0413 621 484

Agent (if applicable)

ABN (or Payroll number) 1001 770

Address (to which remittance advice will be sent) leys nick @ abc.net.au

Phone

Fax

Office Use Only
Vendor Number:

If first time Supplier, enter Financial Institution details of Supplier or Agent for payment:

Name of Institution

BSB Number

Branch Address

Account Name

Account Number

Tick if relevant:

- ☐ Supplier's ABN has been provided on a document relating to supply.
☐ GST charged and a Recipient Created Tax Invoice (RCTI) is required. Attach a copy of RCTI agreement.
☐ Supplier has completed an ATO 'Reason for not quoting an Australian Business Number to an enterprise' form. If so, attach a copy of this form.

2. Payment Details Enter any special text required here (maximum 40 characters). This text will be entered into the GL to help you identify the nature of expenditure when you generate a Cost/Profit Report.

L	E	M	S		C	R	I	K	E	Y		S	U	B	S				
R	E	I	M	B															

Payment Terms

Date Payment Required AS AP

Total Amount Payable \$ 191.40

GST Component \$ 17.40

Reason for payment Nick paid for Cricket subscription himself.

3. Account Details Attach another page if more space needed.

Cost Element

Cost Centre

WBS/Project

Internal Order

Amount

44875

101010

\$ 191.40

\$

4. Approval for Payment Will not be processed unless signed by authorised Manager/Supervisor.

Requestor's Name

P McIntyre

Phone

828261

Requestor's Signature

P McIntyre

Date

8 13 3 14

Approver's Name

Michael Reillett

Phone

822311

Approver's Signature

M. Reillett

Date

13 3 14

Approver's Title

Director Corp Affairs

Office Use Only

Document No.

Date Entered

Manual Cheque No.

Nick Leys

From: no_reply@crikey.com.au
Sent: Wednesday, 26 February 2014 3:43 PM
To: Nick Leys
Subject: [Crikey Daily Mail] Online Order

Dear Nick Leys

Thank you for subscribing to Crikey.

Your Order Details

TAX INVOICE

Blimey Holdings (trading as Crikey)
ABN 98 101 558 847

Supplier: Crikey
Order Number:
Order Date: 26/02/2014
Payment Method: Credit Card
Payment Cost: AUD \$191.40 (includes \$17.40 GST)
(Please note: Blimey Holdings will appear as the transaction detail on your statement)

Your Subscription Details

Publication Name: Crikey Daily Mail

Subscription Ends: 26/02/2015

Your Address Details:

Address 1:

Address 2:

City:

Postcode:

State:

Country:

Please send email through to our subscriptions team at subs@crikey.com.au if you have any problems.

The Crikey Crew
www.crikey.com.au

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Your email address is registered as leys.nick@abc.net.au - you can unsubscribe here:
http://subscribe.crikey.com.au/unsubscribe?user_id=



Entertainment Form

5

Consistent with ABC Entertainment Policy this form must be completed to support all entertainment related expenditure.

- Complete sections 1, 2 and 3 prior to incurring entertainment expenditure.
- For payment of supplier invoices attach supporting invoices to this form and send to Accounts Payable.
- For reimbursements also complete Section 5 Staff Member Details, attach invoices or receipts and send to Accounts Payable.
- For payments on ABC supplied Visa or Amex cards, attach the card statement and send to Accounts Payable (relevant invoices or receipts are to be retained by the department).

1. Description of entertainment: Nick Leys lunch with will

Glasgow from AFR

Date of Entertainment: Fr 14/3/14

Number of ABC staff and Commonwealth Officers attending: 1

Number of ABC guests (other than staff) attending: 1

Total number attending: 2

% of costs attributable to ABC staff and Commonwealth Officers: 50% (record against Entertainment-FBT account)

2. Reason for entertainment and benefit to the ABC

Stakeholder relations

3. Prior approval for entertainment expenditure by delegate (with authorised entertainment delegation)

☒ Prior approval has been granted.

Delegate's Name Michael McHugh

Phone 82 2311

Delegate's Title Director Corp Affairs

Date 13-3-14

4. Payment method - tick payment methods used

- ☐ Supplier invoices (attach).
- ☐ ABC issued Visa (attach statement).
- ☐ ABC issued Amex (attach statement).

Note: For transactions over \$75 a valid tax invoice must be attached to enable the ABC to claim GST credits.

☒ Reimbursement of staff member (complete Staff member details below and attach invoices or receipts).

5. Staff member details for reimbursements Please fill out ALL details in this section.

Name of Staff Member: NICK LEYS

Business Phone Number: 82 1417

Payroll Number: 100770

Office Use Only
Vendor Number:

Work address to which remittance advice will be sent: leys.nick@abc.net.au

6. Recording details

Text to be entered into SAP (40 character maximum), to help you identify the nature of the Item in SAP Reports.

L	E	Y	S		L	U	N	C	H		W	T	H		A	F	R	
1	4	-	3	-	1	4												

Cost Element	Total (inc. GST)	Tips	Total Amount
43450 Entertainment FBT (Staff)	\$ 64.55	\$	\$ 64.55
47150 Entertainment Non-FBT P5 (Non-Staff) (No GST tax credit applicable)	\$ 64.55	\$	\$ 64.55
48070 Overseas travel -other P5 (Entertainment)	\$	\$	\$
Total of Outgoing Payments			\$ 129.10

Cost Centre / WBS / Project Internal Order No: 101010

7. Approval for payment of entertainment expenditure by delegate (with authorised entertainment delegation)

Delegate's Name Michael McHugh

Delegate's Title Director Corp Affairs

Delegate's Signature M. McHugh

Date 14-3-14

Phone 82 2311

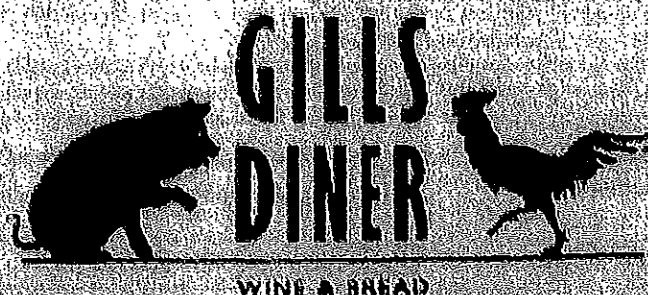
Form Completed By P. McHugh

Phone 82 5261

8. Explanatory note

Entertainment includes provision of food, drink (in particular alcohol) and other costs related to activities primarily social in nature. Entertainment while on business overseas does not incur FBT, but must be supported by an Entertainment form. Provision of tea and coffee, working lunches and light refreshments (excluding alcohol) during working hours, are considered to be Staff Refreshments (element code 42500) or Location Catering (element code 48770) and do not need to be supported by an Entertainment Form.

Nick Leys + Will Glasgow (AFR) lunch for reimbursement



Rear of 360 Little Collins St
Melbourne VIC 3000

Ph. 03 9670 7214

ABN: 70 408 593 364

TAX INVOICE

1 SPARKLING 750	\$7.80
1 LAMB RAVIOLI	\$28.00
1 GNOCCHI SPECIAL	\$29.00
1 ROCKET PEAR SALAD	\$7.00
1 GEMBROOK PINOT 11	\$50.00
1 ESPRESSO	\$3.50
1 SHORT MAC	\$3.80

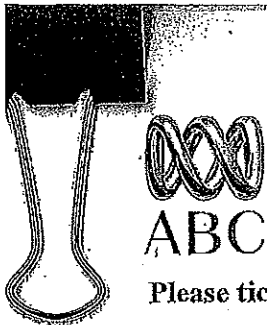
GST Component: \$11.74

indicates item is GST Free

Total (inc GST): \$129.10

SS

Lezlie



Payment Request form

Request for payment without a Purchase Order

Please tick one:

- ☐ Request for payment with no supplier's invoice. ☐ Staff reimbursement.
☐ Request for prepayment. ☐ Request for payment outside standard terms.
☐ Artist payment.

Please send completed form and supporting documentation to Accounts Payable, Adelaide.

1. Supplier/Staff Member Details Please fill out ALL details in this section.

Name of Supplier (or Staff Member) Nick Leys

Contact 83-1417

Agent (if applicable)

ABN (or Payroll number) 1001770

Address (to which remittance advice will be sent) leys.nick@abc.net.au

Phone

Fax

Office Use Only
Vendor Number:

If first time Supplier, enter Financial Institution details of Supplier or Agent for payment:

Name of Institution

BSB Number

Branch Address

Account Name

Account Number

Tick if relevant:

- ☐ Supplier's ABN has been provided on a document relating to supply.
☐ GST charged and a Recipient Created Tax Invoice (RCTI) is required. Attach a copy of RCTI agreement.
☐ Supplier has completed an ATO 'Reason for not quoting an Australian Business Number to an enterprise' form. If so, attach a copy of this form.

2. Payment Details Enter any special text required here (maximum 40 characters). This text will be entered into the GL to help you identify the nature of expenditure when you generate a Cost/Profit Report.

C	A	R	S		L	E	Y	S		1	9	-	3	1	M	A	R	I	Y

Payment Terms

Date Payment Required

Total Amount Payable \$149.77

GST Component \$

Reason for payment Taxi fares during work in Melbourne, Sydney and Canberra. Five trips between 19/03 and 31/03

Before he goes
a charge
card.

3. Account Details Attach another page if more space needed.

Cost Element	Cost Centre	WBS/Project	Internal Order	Amount
48020	101010			\$ 149.77
				\$

4. Approval for Payment Will not be processed unless signed by authorised Manager/Supervisor.

Requestor's Name Nick Leys

Phone 83-1417

Requestor's Signature *Nick Leys*

Date 31-03-14

Approver's Name

Michael Millett

Phone

82 23 11

Approver's Signature

Michael Millett

Date

3.6.14

Approver's Title

Director Corp Affairs

Office Use Only

Document No.

Date Entered

Manual Cheque No.



Payment Request form

Request for payment without a Purchase Order

Please tick one:

- ☐ Request for payment with no supplier's invoice. X. Staff reimbursement.
☐ Request for prepayment. ☐ Request for payment outside standard terms.
☐ Artist payment.

Please send completed form and supporting documentation to Accounts Payable, Adelaide.

1. Supplier/Staff Member Details Please fill out ALL details in this section.

Name of Supplier (or Staff Member) NICK LEYS

Contact leys.nick@abc.net.au

Agent (if applicable)

Office Use Only
Vendor Number:

ABN (or Payroll number) 1001770

Address (to which remittance advice will be sent) ABC email above

Phone

Fax

If first time Supplier, enter Financial Institution details of Supplier or Agent for payment:

Name of Institution

BSB Number

Branch Address

Account Name

Account Number

Tick if relevant:

- ☐ Supplier's ABN has been provided on a document relating to supply.
☐ GST charged and a Recipient Created Tax Invoice (RCTI) is required. Attach a copy of RCTI agreement.
☐ Supplier has completed an ATO 'Reason for not quoting an Australian Business Number to an enterprise' form. If so, attach a copy of this form.

2. Payment Details Enter any special text required here (maximum 40 characters). This text will be entered into the GL to help you identify the nature of expenditure when you generate a Cost/Profit Report.

L	e	y	s		m	o	b	i	l	e		2	6	-	2	-	1	4
7	0		2	5	-	4	-	1	4									

Payment Terms ASAP

Date Payment Required ASAP

Total Amount Payable \$ 230

GST Component \$

Reason for payment Nick to be reimbursed for mobile bill (as is part-way through Telstra contract)

Reimburse him his monthly \$115 cap.

3. Account Details Attach another page if more space needed.

Cost Element	Cost Centre	WBS/Project	Internal Order	Amount
40100	101010			\$230.00
				\$

4. Approval for Payment Will not be processed unless signed by authorised Manager/Supervisor.

Requestor's Name Phoebe McIntyre

Phone 82 5261

Requestor's Signature

Date 2-5-14

Approver's Name Michael Millett

Phone 82 2311

Approver's Signature

Date 5-5-14

Approver's Title Director Corporate Affairs

Office Use Only

Document No.

Date Entered

Manual Cheque No.



Payment Request form

Request for payment without a Purchase Order

Please tick one:

- ☐ Request for payment with no supplier's invoice. ☒ Staff reimbursement.
☐ Request for prepayment. ☐ Request for payment outside standard terms.
☐ Artist payment.

Please send completed form and supporting documentation to Accounts Payable, Adelaide.

1. Supplier/Staff Member Details Please fill out ALL details in this section.

Name of Supplier (or Staff Member) Michael Millett Contact 82 2311

Agent (if applicable)

ABN (or Payroll number) 1014552

Address (to which remittance advice will be sent) millet.michael@abc.net.au

Phone

Fax

Office Use Only
Vendor Number:

If first time Supplier, enter Financial Institution details of Supplier or Agent for payment:

Name of Institution

BSB Number

Branch Address

Account Name

Account Number

Tick if relevant:

- ☐ Supplier's ABN has been provided on a document relating to supply.
☐ GST charged and a Recipient Created Tax Invoice (RCTI) is required. Attach a copy of RCTI agreement.
☐ Supplier has completed an ATO 'Reason for not quoting an Australian Business Number to an enterprise' form. If so, attach a copy of this form.

2. Payment Details Enter any special text required here (maximum 40 characters). This text will be entered into the GL to help you identify the nature of expenditure when you generate a Cost/Profit Report.

B	I	G	P	O	N	D	R	E	I	M	B	S	-	3	-	1	4
	T	O		4	-	S	-	1	4								

Payment Terms

Date Payment Required

ASAP

Total Amount Payable \$

180

GST Component \$

16.36

Reason for payment

Reimbursement for home internet or per contract

3. Account Details Attach another page if more space needed.

Cost Element	Cost Centre	WBS/Project	Internal Order	Amount
<u>43600</u>	<u>101009</u>			<u>\$180</u>
				\$

4. Approval for Payment Will not be processed unless signed by authorised Manager/Supervisor.

Requestor's Name P. McIntyre

Phone 825261

Requestor's Signature [Signature]

Date 11-6-14

Approver's Name Rachael Nathan

Phone 825342

Approver's Signature [Signature]

Date

Approver's Title EA to M.D.

Office Use Only

Document No.

Date Entered

Manual Cheque No.



Entertainment Form

Consistent with ABC Entertainment Policy this form must be completed to support all entertainment related expenditure.

- Complete sections 1, 2 and 3 prior to incurring entertainment expenditure.
- For payment of supplier invoices attach supporting invoices to this form and send to Accounts Payable.
- For reimbursements also complete Section 5 Staff Member Details, attach invoices or receipts and send to Accounts Payable.
- For payments on ABC supplied Visa or Amex cards, attach the card statement and send to Accounts Payable (relevant invoices or receipts are to be retained by the department).

1. Description of entertainment: Lunch meeting - Nick Leys + John Faine

Date of Entertainment: 10 June

Number of ABC staff and Commonwealth Officers attending: 2

Number of ABC guests (other than staff) attending: 0

Total number attending: 2

% of costs attributable to ABC staff and Commonwealth Officers: (00) (record against Entertainment - FBT account)

2. Reason for entertainment and benefit to the ABC

State holder relations

3. Prior approval for entertainment expenditure by delegate (with authorised entertainment delegation)

☐ Prior approval has been granted.

Delegate's Name

Phone

Delegate's Title

Date

4. Payment method - tick payment methods used

☐ Supplier invoices (attach).

☐ ABC issued Visa (attach statement).

☐ ABC issued Amex (attach statement).

☐ Reimbursement of staff member (complete Staff member details below and attach invoices or receipts).

Note: For transactions over \$75 a valid tax invoice must be attached to enable the ABC to claim GST credits.

5. Staff member details for reimbursements Please fill out ALL details in this section.

Name of Staff Member: NICK LEYS

Business Phone Number: 83 1417

Payroll Number: 1001770

Office Use Only
Vendor Number:

Work address to which remittance advice will be sent: Leys.nick@abc.net.au

6. Recording details

Text to be entered into SAP (40 character maximum), to help you identify the nature of the item in SAP Reports.

R	U	S	I	N	E	S	S		L	U	N	C	H		L	E	Y	S	
1	0	-	6	-	1	4													

Cost Element

Total (Inc. GST)

Tips

Total Amount

43450 Entertainment FBT (Staff)

\$ 46.50

\$

\$ 46.50

47150 Entertainment Non-FBT P5 (Non-Staff) (No GST tax credit applicable)

\$

\$

\$

48070 Overseas travel -other P5 (Entertainment)

\$

\$

\$

Total of Outgoing Payments

\$ 46.50

Cost Centre / WBS / Project Internal Order No: 101010

7. Approval for payment of entertainment expenditure by delegate (with authorised entertainment delegation)

Delegate's Name: Michael Millett

Delegate's Title: Director Corp Affairs

Delegate's Signature: M. Millett

Date: 16.6.14

Phone: 822311

Form Completed By: P. McInure

Phone: 825261

8. Explanatory note

Entertainment includes provision of food, drink (in particular alcohol) and other costs related to activities primarily social in nature. Entertainment while on business overseas does not incur FBT, but must be supported by an Entertainment form. Provision of tea and coffee, working lunches and light refreshments (excluding alcohol) during working hours, are considered to be Staff Refreshments (element code 42500) or Location Catering (element code 48770) and do not need to be supported by an Entertainment Form.



Payment Request form

Request for payment without a Purchase Order

Please tick one:

- ☐ Request for payment with no supplier's invoice. ☒ Staff reimbursement.
☐ Request for prepayment. ☐ Request for payment outside standard terms.
☐ Artist payment.

Please send completed form and supporting documentation to Accounts Payable, Adelaide.

1. Supplier/Staff Member Details Please fill out ALL details in this section.

Name of Supplier (or Staff Member) Nick Leys

Contact 83-1417

Agent (if applicable)

ABN (or Payroll number) 1001770

Address (to which remittance advice will be sent) leys.nick@abc.net.au

Phone

Fax

Office Use Only
Vendor Number:

If first time Supplier, enter Financial Institution details of Supplier or Agent for payment:

Name of Institution

BSB Number

Branch Address

Account Name

Account Number

Tick if relevant:

- ☐ Supplier's ABN has been provided on a document relating to supply.
☐ GST charged and a Recipient Created Tax Invoice (RCTI) is required. Attach a copy of RCTI agreement.
☐ Supplier has completed an ATO 'Reason for not quoting an Australian Business Number to an enterprise' form. If so, attach a copy of this form.

2. Payment Details Enter any special text required here (maximum 40 characters). This text will be entered into the GL to help you identify the nature of expenditure when you generate a Cost/Profit Report.

m	O	B	I	L	E		B	I	L	L		L	E	Y	S		2	6	-
4	-	1	4		T	O		2	S	-	S	-	1	4					

Payment Terms

Date Payment Required

ASAP

Total Amount Payable \$ 115.00

GST Component \$

Reason for payment Monthly work mobile bill.

he would normally put him on Telstra + pay directly, but he is part way thru a contract.

3. Account Details Attach another page if more space needed.

Cost Element	Cost Centre	WBS/Project	Internal Order	Amount
40100	101010			\$ 115.00
				\$

4. Approval for Payment Will not be processed unless signed by authorised Manager/Supervisor.

Requestor's Name Nick Leys

Phone

0413 621484

Requestor's Signature

Date 13-June-2014

Approver's Name

Michael Mallett

Phone

828211

Approver's Signature

M. Mallett

Date

16.6.14

Approver's Title

Director Corporate Affairs

Office Use Only

Document No.

Date Entered

Manual Cheque No.