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

Complete sections 12 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.

Por resymbolis on ABC supplied Visa or Amex cards, attach the card statement and send to Accounts Payable (relevant invoices or receipts are

For payments on ABC supplied Visa or Amex cards, attach the card statement to be retained by the department).	
1. Description of entertainment: Dinner - MM, MS, Cl. C. Man Chance My	Chin Smyt
Date of Entertainment: 30 Jan 2014	•
Number of ABC staff and Commonwealth Officers attending:	
Number of ABC guests (other than staff) attending: O	
Total number attending:	
% of costs attributable to ABC staff and Commonwealth Officers: \(\(\bullet \) \(\bullet \) (record against Entertainment -FBT	account)
2. Reason for entertainment and benefit to the ABC Discuss issues to N-T-	,
3. Prior approval for entertainment expenditure by delegate (with authorised entertainment deleg	ation)
O Prior approval has been granted.	
Delegate's Name Phone Date	 .
Delegate's Title Date .	
4. Payment method - tick payment methods used Supplier invoices (attach). Note: For transactions over \$75 a invoice must be attached to enable ABC to claim GST credits.	valid tax e the
ABC issued Visa (attach statement).	
ABC issued Amex (attach statement). 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.	
Chice t	Jse Onl y Number:
Business Phone Number: Payroll Number:	- Italinoon
Work address to which remittance advice will be sent:	
· Wolk address to which territories device this	
6. Recording details Text to be entered into SAP (40 character maximum), to help you identify the nature of the item in SAP Reports.	, -
DINNER UN DARWIN	
Total (inc. GST) Tips Total	al Amount
Cost Element	236.50
40400 Elitoitaijinoite 121 (Ostry	
47150 Entertainment Non-PBT P5 (Non-Stail) (NO GST tax credit application)	
48070 Overseas travel -other P5 (Entertailment)	
Total of Outgoing Payments	
Cost Centre / WBS / Project Internal Order No: 1.0 1001.	nt delegation)
7. Approval for payment of entertainment expenditure by delegate (with authorised entertainment Delegate's Name Delegate's Title PA do M.P.,	7 5 1 10 -
Delegate's Signature Ruck Date 2007 4 Phone 87	1110
Form Completed By PMC(A44 rt Phone 0 2526)	

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 inour FET, 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 BARWIN AU CUSTOMER COPY

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APPROVED 00 005700996527304E

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071202.

PÜRCHASE TIP

\$236.50

TOTAL AUD #.

108.00 22,00 22.00

PLEASE RETAIN AS RECORD OF PURCHASE 0000088000 1E0300 F800

15,00 14,00 181.00

REVERAGE :

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PEPPERMINT	4.50
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Payment Request form

Please tick one: Request for payment with no supplier's invoice. Request for payment. Request for payment. Request for payment. 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 till out All, details in this section. Name of Supplier for Staff Member) McCacl, McLock. Agent (if applicable) ABN (or Payroll number) CO I 4552 Address (to which remiliance advice will be sent) publicate. Account Name Fax From Fax If first time Supplier, enter Financial Institution details of Supplier or Agent for payment. Bish Number Brunch Address Account Name Account Act on Account Name Account Name Account Name Account Account Name Account N	ABC	Request for payment without a Purchase Order
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) WiChael Midded. Context \$2.231 (Agent (if applicable) ABN (or Payroll number) (O I 45.52. Address (to which remittance advice will be sent) middet, midded of a fact and sent provided on the supplier, enter Financial Institution details of Supplier or Agent for payment: Name of Institution BSB Numbur Brunch Address Account Name Account Number Tick if relevant: O Supplier has been provided on a document relating to supply. O ST 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 Gt. to help you identify the nature of expenditure when you generate a Costifford Report. (B	Please tick one:	O Request for payment with no supplier's invoice. O Staff reimbursement. O Request for prepayment. O Request for payment outside standard terms.
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	Approver's Name	Phone 82 5342
Approver's Title Managins Director	Approver's Signature	Movk Scott Date
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Office Use Only	Office Use O	

Date Entered



	rayment nequest form
ABC	Request for payment without a Purchase Order
Please tick one:	O Request for payment with no supplier's invoice. Staff reimbursement.
	Request for prepayment. O Request for payment outside standard terms.
TOTAL NATION Y	O Artist payment.
Please send comple	eted form and supporting documentation to Accounts Payable, Adelaide.
	taff Member Details Please fill out ALL details in this section.
Name of Supplier (or Sta	aff Member) NICK (ES Contact COCTS)
Agent (if applicable)	(COO 1.770 Office Use Only Vendor Number:
ABN (or Payroll number)	
Address (to which remitt	ance advice will be sent) Leys. nich @ aloc. red au
	Phone Fax
If first time Suppli	er, enter Financial Institution details of Supplier or Agent for payment:
Name of Institution	BSB Number
Branch Address	
Account Name	Account Number
Tick if relevant:	
_	been provided on a document relating to supply.
\sim	Recipient Created Tax Invoice (RCTI) is required. Attach a copy of RCTI agreement.
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	or Payment Will not be processed unless signed by authorised Manager/Supervisor.
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Requestor's Name P	McINTAR Phone 825261 Phone 825261 Date 13.3.14
Requestor's Name Requestor's Signature Approver's Name	McIntyre Phone 825261 Phone 825261 Lichael Millett Phone 822311
Requestor's Name P	McINTAR Phone 825261 Phone 825261 Date 13.3.14

Date Entered



A D C	rayment nequest form
ABC	Request for payment without a Purchase Order
Please tick one:	O Request for payment with no supplier's invoice. O Staff reimbursement. O Request for prepayment. O Request for payment outside standard terms. O Artist payment.
Please send comple	ted form and supporting documentation to Accounts Payable, Adelaide.
1 Supplier/St	aff Member Details Please fill out ALL details in this section.
	ff Member) NIC/C (EYS) Contact 04/3 62/484
Agent (if applicable)	Office Use Only Vendor Number:
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Address (to which remitte	ince advice will be sent) legs nich alcanet.
	Phone Fax
If <u>first time Suppli</u>	er, enter Financial Institution details of Supplier or Agent for payment:
Name of Institution	BSB Number
Branch Address	
Account Name	Account Number
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Approver's Name	li chad Alillett Phone 822311
Approver's Signature	M. Willest Date 13 3 14
Approver's Title	Director Corp Allais
Office Use O	oly

Date Entered

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: Crikev 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 levs.nick@abc.net.au - you can unsubscribe here: http://subscribe.crikey.com.au/unsubscribe?user id='



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: <u>Nicle Ceys linch with will</u>
Glasgow from AFR
Date of Entertainment: C LY 3/14
Number of ABC staff and Commonwealth Officers attending:
Number of ABC guests (other than staff) attending:
Total number attending: 2
% of costs attributable to ABC staff and Commonwealth Officers: SO/, (record against Entertainment -FBT account)
2. Reason for entertainment and benefit to the ABC Stateholder relations
3. Prior approval for entertainment expenditure by delegate (with authorised entertainment delegation)
OPrior approval has been granted.
Delegate's Name Michael Mildt Phone 82 2 3 1/
Delegate's Title Director Carp Again Date 13-3-18
4. Payment method - tick payment methods used
O Supplier invoices (attach). Note: For transactions over \$75 a valid tax invoice must be attached to enable the
O ABC issued Visa (attach statement). ABC to claim GST credits.
O ABC issued Amex (altach statement).
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: \(\) Ck LT \(\) \(\) Vendor Number: \(\) Vendor Number:
Business Phone Number: 82 1417 Payroll Number: 100 (77 0
Work address to which remiltance advice will be sent: Leysinick eals and
6. Recording defails Text to be entered into SAP (40 character maximum), to help you identify the nature of the Item in SAP Reports,
14-3-14-3-13-3-3-3-3-3-3-3-3-3-3-3-3-3-3
Cost Element Total (inc. GST) Tips Total Amount
43450 Entertainment FBT (Staff) \$ GUSS \$ GUSS
47150 Entertainment Non-FBT P6 (Non-Staff) (No GST tax credit applicable) \$ 64-55
48070 Overseas travel -other P5 (Entertainment) \$ \$
Total of Outgoing Payments \$ \\ \frac{1}{20\cdot \cdot
AND AN ADMINISTRATION OF THE PROPERTY OF THE P
Total of Outgoing Payments \$ 70,10
Total of Outgoing Payments Cost Centre / WBS / Project Internal Order No: 101010 7. Approval for payment of entertainment expenditure by delegate (with authorised entertainment delegation)

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 hunches 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.

Nichtlyst will Glagow (AFR) lunch for remburgues



WINE & BREAD

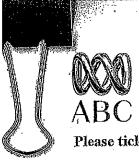
Rear of 360 Little Collins St Melbourne VIC 3000 Ph. 03 9670 7214

ABN: 70 408 593 364

TAX INVOICE

1 SPARKLING 750 \$7.80
1 LAME RAVIOLI \$28.00
1 GNOCCHE SPECIAL \$29.00
1 ROCKET PEAR SALAD \$7.00
1 GEMBROOK PENOT 11 \$50.00
1 ESPECIAL \$3.80

GSI Component: \$11.74 Findicarces Tam is GST Eres Otal (no GST): \$129.10



Payment Request form

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1. Supplier/S			talls P	·			in this	secti	on.			
Name of Supplier (or Sta	iff Member) Nick	Leys	····	. Con	tact 83	-1417				Office	Jse O	nly
Agent (if applicable)		,								Vendor		
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Address (to which remitt	ance advice will	be sent) 1	,	nick @	كصلص	<u>C , </u>	<u>. A.</u>	صي				
		···	Pho					ex			-	
If first time Suppl	er, enter Fi	ancial Ir			f Sup	plier	or A	gent	for p	ayme	nt:	
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ABN (or Payroll number)	1001770			········								-	VERIGO	r Nun	mer.
Address (to which remitt		e will be	sent) A	\BC en	nail ab	ove '						<u> </u>			
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Branch Address	•						ı						٠		
Account Name				-	Açc	ount N	lumbe	г					-	÷	
Tick if relevant:															
O Supplier's ABN has	been prov	vided on a	docm	ment re	lating	to su	ply.		: .						
OGST charged and a	Recipient	Created	Tax L	nvoice	(RCT	I) is re	equire	3. Atta	ch a co	py of	RCTI	greem	ent.		
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4. Approval fo	or Pav	/men	t wiii	not be	proc	essed	unless	sidner	bv an	thorise	d Man	ager/S	upervi	sor.	
Requestor's Name Phoe					,		,	5.,,,,,			32 526		-p		
Requestor's Signature	+	m			,				D	ate	2 -	1	-14		
Approver's Name Michae	i Millett								p	hone 8	32 231				
Approver's Signature	N	W51	tre					·····	D	ate	5	٤,	(4		
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Approver's Title Director	Corporate	Affairs													

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ABC	Request for payment without a Purchase Order
Please tick one:	Request for payment with no supplier's invoice. O Staff reimbursement.
·.	O Request for prepayment. O Request for payment outside standard terms. O Artist payment.
Please send comple	eted form and supporting documentation to Accounts Payable, Adelaide.
1. Supplier/S	taff Member Details Please fill out ALL details in this section.
	aff Member) Michael Millett Contact 82 2311.
Agent (if applicable)	Office Use Only Vendor Number;
ABN (or Payroll number)	1014552
Address (to which remitte	ance advice will be sent). Millett. michaele-bc nort - a
<u> </u>	Phone Fax
	ier, enter Financial Institution details of Supplier or Agent for payment:
Name of Institution	BSB Number
Branch Address	
Account Name	Account Number
Tick if relevant:	
	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.
attach a copy of this	sted an ATO 'Reason for not quoting an Australian Business Number to an enterprise' form. If so, form.
2. Payment D Into the GL to help you id	etails Enter any special text required here (maximum 40 characters). This text will be entered lentify the nature of expenditure when you generate a Cost/Profit Report.
BIGP	OND REIMBIS-R-14
To	4-5-14
Payment Terms	
Date Payment Required	Action 1
Total Amount Payable	
Reason for payment 1	embusement for home interned or percontract
3. Account De	etails Attach another page If more space needed.
Cost Element	Cost Centre WBS/Project Internal Order Amount
43600	101009
	\$
4. Approval for	or Payment will not be processed unless signed by authorised Manager/Supervisor.
Requestor's Name P.	McIntyre Phone 825261
Requestor's Signature	
Approver's Name	achael Nathan Phone 825142
Approver's Signature	Date Date
Approver's Title	A-6 MD.
Office Use On	ly

Date Entered



1. Description of entertainment:

Date of Entertainment:

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.

Number of ABC staff and Commonwealth Officers attending:

- 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).

2.

Number of ABC guests (other than staff) attending:	· · · · · · · · · · · · · · · · · · ·
Total number attending:	
% of costs attributable to ABC staff and Commonwealth Officers: (50	(record against Entertainment -FBT account)
2. Reason for entertainment and benefit to the ABC	
State holder relations	
2 Drive approach for a starting and a small for the starting and start	
3. Prior approval for entertainment expenditure by delegate (with O Prior approval has been granted.	authorised entertainment delegation)
Delegate's Name	Phone
Delegate's Title	Date
4. Payment method - tick payment methods used Supplier invoices (attach).	Note: For transactions over \$75 a valid tax
O ABC issued Visa (attach statement).	invoice must be attached to enable the ABC to claim GST credits.
O ABC issued Amex (attach statement).	
O Reimbursement of staff member (complete Staff member details below and	d attach invoices or receipts).
5. Staff member details for reimbursements Please fill out ALL details	in this section.
Name of Staff Member: NCU LEYS	Office Use Only
Business Phone Number: 82 1417 Payroll Number:	Vendor Number:
Work address to which remittance advice will be sent; Leys - nich	
2003:7110	Second A second
6. Recording details	
Text to be entered into SAP (40 character maximum), to help you identify the n	
RUSINGS LUNG	
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:) ·
7. Approval for payment of entertainment expenditure by delegate	e (with authorised entertainment delegation)
Delegate's Name : Mi Charl Millatt Delegate's T	
Delegate's Signature M. William Date (C	5.6.1 L Phone 87.273 \\
Form Completed By D Mchange Phone &	25761
8. Explanatory note	The state of the s
Entertainment includes provision of food, drink (in particular alcohol) and other costs a while on business overseas does not incur FBT, but must be supported by an Entertain	ment 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.

A	B	\mathbb{C}

Payment Request form

- 12 H D N. J	Request for	· navment w	ithout a Pu	irchase (Order	
Please tick one:						
t least tien one.	O Request for payment with no supplier's invoice. Staff reimbursement. O Request for prepayment. O Request for payment outside standard terms.					
	O Artist payment.	•		. 35. 7.7.	A TUNENL	
Please send compl	eted form and suppo	orting document	ation to Accoun	its Payable,	Adelanie.	
1. Supplier/S	taff Wember D	Details Please f		In this section.		
Name of Supplier (or St	aff Member) Nick Leys	•	Contact 83-1417		Office Use Only	
Agent (if applicable)			· 		Vendor Number:	
ABN (or Payroll number	r)1001770					
Address (to which remi	ttance advice will be sent)) leys.nick@abc.net.a	<u>u</u>		•	
		Phone		Fax		
If first time Supp	<u>lier,</u> enter Financial	l Institution dets	uls of Supplier	or Agent fo	r payment:	
Name of Institution	<u>,, · </u>	BSB Num				
Branch Address			·			
Account Name		Account N	lumber	· · · · · · · · · · · · · · · · · · ·		
Tick if relevant:	· •	•		•		
	as been provided on a doc					
	a Recipient Created Tax					
O Supplier has comp attach a copy of th	oleted an ATO 'Reason fo	or not quoting an Aus	iralian Business Nu	mber to an ente	rprise' form, It so,	
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