MHLET experience knowledge change
MENTAL HEALTH LIVED EXPERIENCE TASMANIA

CRS Expenditure Reimbursement and Allowance Claim

- Please complete and submit this form within 2 weeks of each CRS activity (earlier is better).
- Receipts, tax invoices and other relevant documents must be attached to this form.
- If you have not provided an ABN (Australian Business Number) you will need to complete a Statement by a Supplier form for each CRS activity, you undertake and attach it to the claim form.
- We recommend that you check with the ATO and/or Centrelink as to whether any payments from MHLET may impact your personal financial circumstances.

Save and Email this form & relevant documents to crs@mhlet.org.au

Name	
Claim Description	
Job Reference No	
Survey Monkey **Date completed**	https://www.surveymonkey.com/r/CRFeedback2026 **Date Completed:**

A. Consumer Representative Reimbursement

Date	**Number of Hours** *(or part of hours)*	**Reason for Expense** *(allowance for time, preparation)*	**Hourly Rate**	**$** ***(rate x hours)***
			Total Claim (A)	$ 0.00

B. General CRS Expenditure (e.g., parking)

Date	**Item** *Description*	**Reason for expense**	***$ Amount*** *(Inc. GST)*	***$ GST Amount***	**Invoices/Receipts Attached** *Yes/No*
					Y ○ ○ N
					Y ○ ○ N
					Y ○ ○ N
				Total Claim (B)	$ 0.00

C. Private Vehicle Mileage Claim

Date	Start ODO *(kms)*	Address of Departure	End ODO *(kms)*	Address of Arrival	Kms Total	Total Claim
					Total Claim (C)	$ 0.00

Total Claim (A+B+C):	$ 0.00	**Date**	
Requested By (CR)		**Signature**	
Approved By (Requestor)		**Signature**	

Representative Bank Account Details

(Only fill out if not previously provided or if your details have changed)

Name of Financial Institution:		**Account Name**	
BSB		**Account**	

Request Number	Date:	
ABN	Y ◯ N ◯	
Statement by Supplier attached?	Y ◯ N ◯	
SMonkey $10 payment approved?	Y ◯ N ◯	
Km Reimbursement - 0.42c	Y ◯ N ◯	
Coding in Xero	☐ Sitting fees-50055 ☐ Brokerage Expenses-50010	
Cost Centre - Project	☐ DHHS Core ☐ MHLET ☐ Mental Health Reform	

If you select **50010 coding**, an invoice needs to be raised.
Please fill out the following:

Invoice to: (Company name)	Date:	
Company ABN		
Invoice Description:		
Coordination Fee - 30% applies?	Y ◯ N ◯	
Invoice amount (Exclusive GST)	$ Please note this amount does not include the Coordination Fees	

Australian Government
Australian Taxation Office

Statement by a supplier

Complete this statement if the following applies:

- you are an individual or a business
- you have supplied goods or services to another enterprise (the payer), and
- you are not required to quote an Australia business number (ABN).

HOW TO COMPLETE THE STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Use BLOCK LETTERS and print one character in each box.
- Place **X** in all applicable boxes.

Payers can check ABN records of suppliers by visiting **abr.business.gov.au** or phoning **13 72 26** 24 hours a day, 7 days a week.

Section A: **Supplier details**

Your name

Your address

Suburb/town

State/territory

Postcode

Reason/s for not quoting an ABN Place **X** in the appropriate box/es.

- The payer is not making the payment in the course of carrying on an enterprise in Australia.
- The supplier is an individual aged under 18 years and the payment does not exceed $350 a week.
- The payment does not exceed $75, excluding any goods and services tax (GST).
- The supply that the payment relates to is wholly input taxed.
- The supply is made by an individual or partnership without a reasonable expectation of profit or gain.
- The supplier is not entitled to an ABN as they are not carrying on an enterprise in Australia.
- The whole of the payment is exempt income for the supplier.

The supplier is an individual and has given the payer a written statement to the effect that the supply is either:

- made in the course or furtherance of an activity done as a private recreational pursuit or hobby, or
- wholly of a private or domestic nature (from the supplier's perspective).

Section B: **Declaration**

For information about your privacy, visit our website at **ato.gov.au/privacy**

Under pay as you go (PAYG) legislation and guidelines administered by us, the named supplier is not quoting an ABN for the current and future supply of goods or services for the reason or reasons indicated.

Name of supplier (or authorised person)

Signature of supplier (or authorised person)

Daytime phone number

Date

Day / Month / Year

Penalties apply for deliberately making a false or misleading statement.

Do not send this statement to us.
Give the completed statement to any payer that you are supplying goods or services to. The payer must keep this document with other records relating to the supply for five years.