

1000002409  
19/2409



# General Purpose Expenditure Voucher

Company Code\*  Invoice date\* 28.02.2007 Invoice/credit note number\* R085/feb07 Vendor number\* (if known) 6007763 Mandatory field\*

### Section A: Vendor Information

Claimant/vendor name\* QUEENSLAND CLUB  
 Address of claimant/vendor\* GPO Box 4 BRISBANE  
 Country \_\_\_\_\_ State QLD Postcode 4001  
 Remittance text (this will be displayed in the remittance to the vendor)\* ACCOUNT NUMBER R085  
 GST registered:\* No  Yes   
 Claimant/vendor ABN (if applicable) 60 504 899 252

Claimant (to be signed by employees claiming cost recovery items)  
 I certify that the amount detailed above is due and payable to me for goods supplied, services rendered or works as indicated on this form.

Is there a fringe benefits tax impact?  
 No  Yes  Please advise your SSP fringe benefits tax unit of this assessment  
 Return cheque to requestor?  
 No  Yes  Invoice Attached

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Section B: General Ledger Information

Invoice Type: Invoice  DR Credit note  CR  
 Payment Terms \_\_\_\_\_ Payment Method \_\_\_\_\_ House bank \_\_\_\_\_  
 If the table below is not long enough, please use the attached table  Electronic upload

Line	DR/CR*	GL Account Code*	Amount *	Tax Code *	Profit Centre (4) Cost Centre (7) Internal Order (8) WBS Element *	Description* (this description appears on your financial reports - maximum of 50 characters)
1	DR	23007	159.83	PG ✓	4101900	September Dining Room Account
2			0.00			
3						
4						
5						
Total			159.83			

(must equal Invoice amount including GST)

**PROCESSED**

### Section C: Certifications

**Business unit verification**  
 I certify that the necessary checks have been made to ensure that:  
 • all GL account, WBS Element/ internal order/ cost centre/ profit SAP tax codes are correct;  
 • a valid tax invoice is attached where applicable;  
 • goods and services are for official purpose and have been received;  
 • the invoice has not been previously paid; and  
 • the total computed for payment on this form equals the value of the invoice including GST

Name: Sheila King Telephone number: 3224 5570  
 Position: Administration Officer  
 Signature: \_\_\_\_\_ Date: 28.02.2007

**Expenditure Approval**  
 I approve this expenditure from the codes shown above and hold the relevant financial delegation.

Name: Adrian Gane  
 Position: Executive Manager  
 Signature: \_\_\_\_\_ Date: 28.02.2007

*Stamp: FINANCIAL ADMINISTRATION 02 MAR 2007*

### Accounts Payable Use Only

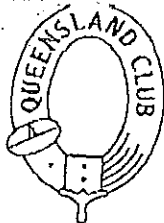
Entered by: ME 12/3 SAP User ID \_\_\_\_\_ SAP Document number \_\_\_\_\_ Manual cheque number (if applicable) \_\_\_\_\_

### Privacy Statement

The collection of personal information on this form and any attachments is authorised under the *Financial Administration and Audit Act 1977*, and will be used in the processing of vouchers. Your personal information will not be disclosed to other parties without your consent unless required by law.



QUEENSLAND CLUB



0732219996 0732219996  
**QUEENSLAND CLUB**  
**TAX INVOICE / STATEMENT**

G.P.O BOX 4, BRISBANE, 4001  
 Telephone: 3007 2200 Facsimile: 3221 9996

Feb. 28 2007 11:48AM P1

HOUSE ACCOUNT  
 28 February 2007

ABN: 60 504 899 252

R085

ACCOUNT  
 NUMBER

*Att: Sheila*  
*(3229 2049)*

R K Rolfe Esq.  
 Dept Of Premier And Cabinet  
 PO Box 16185  
 CITY EAST QLD 4002



Bill Code: 28399  
 Reference: 031377

Contact your participating Bank, Credit Union,  
 or Building Society to make this payment from  
 your cheque or savings account.

DATE	DETAILS	AMOUNT	BALANCE
01/09/2006	OPENING BALANCE		
04/09/2006	Liquor Lunch Dining Room	1,482.85	A1,482.85
04/09/2006	Lunch Dining Room	10.00	1,492.85
06/09/2006	RECEIVED WITH THANKS	51.00	1,543.85
15/09/2006	Liquor Lunch Dining Room	A(1,482.85)	61.00
15/09/2006	Lunch Dining Room	33.30	94.30
15/11/2006	Penalty House account	51.00	145.30
		14.53	159.83

PROCESSED

GST COMPONENT FOR THIS MONTH: \$13.22  
 Rule 6.2: Payment due within 30 days.

AMOUNT DUE: 159.83

REMITTANCE ADVICE << Please detach and return with your payment <<

OVER 2 MONTHS	2 MONTHS	1 MONTH	CURRENT	AMOUNT DUE
0.00	0.00	0.00	159.83	159.83

QUEENSLAND CLUB  
 G.P.O BOX 4, BRISBANE, 4001

Our Ref: R085  
 Name: R K Rolfe Esq.  
 Date: 28 February 2007

Please Circle Card Type:  
 Master / Visa / Amex / Diners / Bankcard

CREDIT CARD TOTAL  
 164.62

Please note that this amount includes a 3% Credit Card charge.

Card Number:

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Expiry Date:  /

Amount Paying: \_\_\_\_\_



## Fringe Benefits Tax Declaration

### PRIVACY STATEMENT

The collection of personal information on this form and any attachments is authorised under the Financial Administration and Audit Act 1977, and will be used in the processing of Fringe Benefits Tax. Your personal information will not be disclosed to other parties without your consent unless required by law.

\* denotes mandatory field

Agency or SSP *	DPC 1041		
Personnel Number *		Contact Phone No. *	322 76510
FBT Year / Declaration Period *	1 April 2006 to 31 March 2007		
Email *			

**Form Selection** Please select form(s) by flagging the checkbox; then scroll down to complete the form(s).

- |   |  |
|---|--|
| <input type="checkbox"/> Board Fringe Benefit Administrative Declaration<br><br><input type="checkbox"/> Car Parking Benefit Declaration<br><br><input checked="" type="checkbox"/> Entertainment Administrative Declaration<br><br><input type="checkbox"/> Expenses Payment Declaration<br><br><input type="checkbox"/> HECS-HELP/SARAS - Expense Payment Benefit Declaration<br><br><input type="checkbox"/> Living Away From Home Allowance (LAFHA)<br><br><input type="checkbox"/> Motor Vehicle Usage Declaration | <input type="checkbox"/> Residual Benefit Administrative Declaration<br><br><input checked="" type="checkbox"/> Property Fringe Benefit Declaration<br><br><input type="checkbox"/> Relocation / Temporary Accommodation Declaration<br><br><input type="checkbox"/> Relocation Transport Declaration<br><br><input type="checkbox"/> Remote Area Holiday Transport Declaration<br><br><input type="checkbox"/> Travel Diary |
|---|--|

PROCESSED



Queensland  
Government

Fringe Benefits Tax Declaration

Signature of Responsible Manager \_\_\_\_\_  
*For printed forms only*

Dated \_\_\_\_\_

RTI RELEASE

PROCESSED



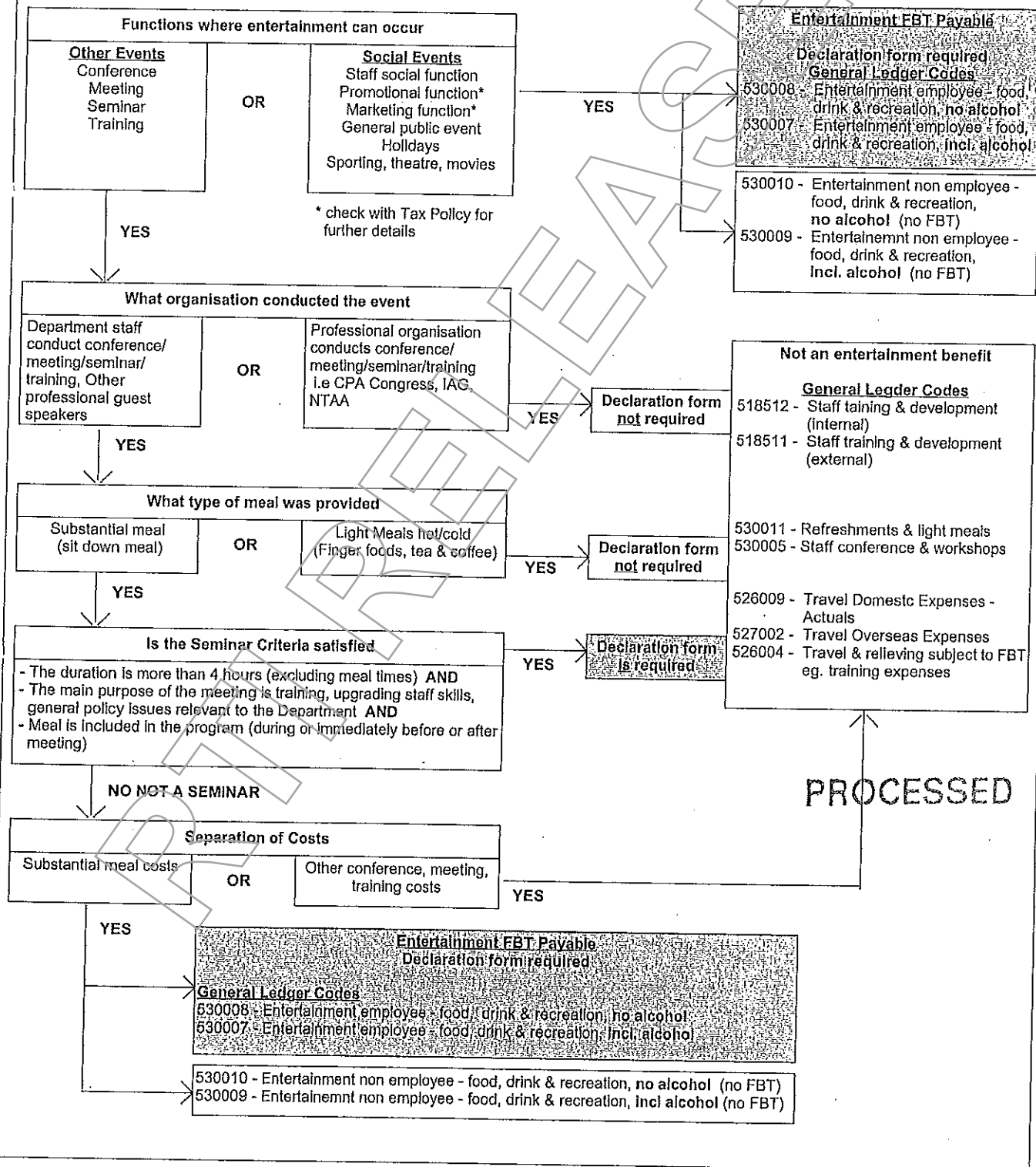
**Fringe Benefits Tax Declaration**

**Entertainment Administrative Declaration**

**HELP INFORMATION**

Entertainment can occur when the Department pays for food, drink, recreation (accommodation and travel) for an employee or associate (family, friends, other Qld Government employees)

Exemptions are available based on meeting specific requirements and completing declaration forms as per the following flowchart (further details are available in the FBT Handbook, General Ledger Chart of Account enquiries)



19/2826



# General Purpose Expenditure Voucher

Company Code\*  Invoice date\*  Invoice/credit note number\*  Vendor number\* (if known)  Mandatory field \*

**Section A: Vendor Information**

Claimant/vendor name\*  GST registered:\* No  Yes   
 Claimant/vendor ABN (if applicable)   
 Address of claimant/vendor\*  
  
 Country  State  Postcode  
 Remittance text (this will be displayed in the remittance to the vendor)\*

Claimant (to be signed by employees claiming cost recovery items)

I certify that the amount detailed above is due and payable to me for goods supplied, services rendered or works as indicated on this form.

Is there a fringe benefits tax impact?

No  Yes

Please advise your SSP fringe benefits tax unit of this assessment

Return cheque to requestor?

No  Yes

Invoice Attached

Signature  Date

**Section B: General Ledger Information**

Invoice Type: Invoice  DR Credit note  CR Payment Terms  Payment Method  House bank

If the table below is not long enough, please use the attached table  Electronic upload

Line	DR/CR*	GL Account Code*	Amount*	Tax Code*	Profit Centre (4) Cost Centre (7) Internal Order(8) WBS Element*	Description* (this description appears on your financial reports - maximum of 50 characters)
1	DR	530007	119.10	PG	4101900	Penalty subscription, penalty house a/c Lunch
2		530039	98.40	PF	4101900	
3						PREMIER'S DEPARTMENT
4						
5						13 MAR 2007
Total			217.50	(must equal invoice amount including GST)		

FINANCIAL SERVICES

**Section C: Certifications**

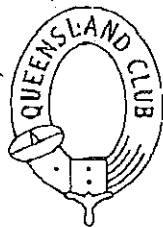
<p><b>Business unit verification</b></p> <p>I certify that the necessary checks have been made to ensure that:</p> <ul style="list-style-type: none"> <li>all GL account, WBS Element/ internal order/ cost centre/ profit SAP tax codes are correct;</li> <li>a valid tax invoice is attached where applicable;</li> <li>goods and services are for official purpose and have been received;</li> <li>the invoice has not been previously paid; and</li> <li>the total computed for payment on this form equals the value of the invoice including GST</li> </ul> <p>Name <input type="text" value="Sheila King"/> Telephone number <input type="text" value="3224 5570"/></p> <p>Position <input type="text" value="Administration Officer"/></p> <p>Signature <input type="text" value="Sheila King"/> Date <input type="text" value="07.03.2007"/></p>	<p><b>Expenditure Approval</b></p> <p>I approve this expenditure from the codes shown above and hold the relevant financial delegation.</p> <p>Name <input type="text" value="Adrian Gane"/> <span style="float: right;">19/2826</span></p> <p>Position <input type="text" value="Executive Manager"/></p> <p>Signature <input type="text" value="Adrian Gane"/> Date <input type="text" value="07.03.2007"/></p>
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**Accounts Payable Use Only**

Entered by  SAP User ID  SAP Document number  Manual cheque number (if applicable)

**Privacy Statement**

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# QUEENSLAND CLUB TAX INVOICE / STATEMENT

G.P.O BOX 4, BRISBANE, 4001

Telephone: 3007 2200 Facsimile: 3221 9996

HOUSE ACCOUNT

7 March 2007

ABN: 60 504 899 252

R085

ACCOUNT  
NUMBER

*Att: Shiela  
(3229 2049)*

R K Rolfe Esq.  
Dept Of Premier And Cabinet  
PO Box 15185  
CITY EAST QLD 4002



Biller Code: 28399

Reference: 031377

Contact your participating Bank, Credit Union,  
or Building Society to make this payment from  
your cheque or savings account.

DATE	DETAILS	AMOUNT	BALANCE
01/02/2007	OPENING BALANCE	1,110.14	1,110.14
15/02/2007	Penalty Subscription	83.87	1,194.01
15/02/2007	Penalty House account	14.53	1,208.54
21/02/2007	Liquor Lunch Dining Room .	38.85	1,247.39
21/02/2007	Lunch Dining Room .	80.25	1,327.64
06/03/2007	RECEIVED WITH THANKS	(1,110.14)	217.50

*Not paid previously.*

*203-07*

GST COMPONENT FOR THIS MONTH: \$10.83 119.13  
Rule 6.2: Payment due within 30 days.

AMOUNT DUE: 217.50

REMITTANCE ADVICE << Please detach and return with your payment >>

OVER 2 MONTHS	2 MONTHS	1 MONTH	CURRENT	AMOUNT DUE
0.00	0.00	0.00	217.50	217.50

QUEENSLAND CLUB  
G.P.O BOX 4, BRISBANE, 4001

Please Circle Card Type:  
Master / Visa / Amex / Diners / Bankcard

Card Number:

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

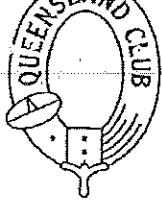
Our Ref: R085  
Name: R K Rolfe Esq.  
Date: 7 March 2007

Expiry Date:  /

Amount Paying: \_\_\_\_\_

CREDIT CARD TOTAL  
224.03

Please note that this  
amount includes a 3%  
Credit Card charge.



ABN: 60 504 899 252

R085

ACCOUNT NUMBER

R K Rolfe Esq.
Dept Of Premier And Cabinet
PO Box 15185
CITY EAST QLD 4002



Bill Code: 28399

Reference: 031377

Contact your participating Bank, Credit Union, or Building Society to make this payment from your cheque or savings account.

Table with columns: DATE, DETAILS, AMOUNT, BALANCE. Rows include: 01/02/2007 OPENING BALANCE 271.39 271.39; 15/02/2007 Penalty House account 14.53 285.92; 21/02/2007 Liquor Lunch Dining Room 38.85 324.77; 21/02/2007 Lunch Dining Room 80.25 405.02

RELEASED

CURRENT PROMOTION LEVY PERIOD: JANUARY FEBRUARY MARCH 2007
DIRECT DEBIT PAYMENTS WILL BE PROCESSED ON THE 16TH MARCH 2007

GST COMPONENT FOR THIS MONTH: \$10.83
Rule 6.2: Payment due within 30 days.

AMOUNT DUE: 405.02

REMITTANCE ADVICE << Please detach and return with your payment <<

Table with columns: OVER 2 MONTHS, 2 MONTHS, 1 MONTH, CURRENT, AMOUNT DUE. Values: 159.83, 14.53, 97.03, 133.63, 405.02

QUEENSLAND CLUB
G.P.O BOX 4, BRISBANE, 4001

Our Ref: R085
Name: R K Rolfe Esq.
Date: 28 February 2007

CREDIT CARD TOTAL
417.17

Please Circle Card Type:
Master / Visa / Amex / Diners / Bankcard

Card Number: [Grid]

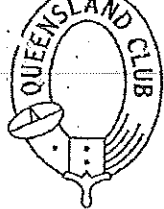
Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Expiry Date: [Grid]

Please note that this amount includes a 3% Credit Card charge.

Amount Paying: \_\_\_\_\_





# QUEENSLAND CLUB TAX INVOICE / STATEMENT

G.P.O BOX 4, BRISBANE, 4001  
Telephone: 3007 2200 Facsimile: 3221 9996

HOUSE ACCOUNT  
28 February 2007

ABN: 60 504 899 252

R085

ACCOUNT  
NUMBER

R K Rolfe Esq.  
Dept Of Premier And Cabinet  
PO Box 15185  
CITY EAST QLD 4002

**iB**  
PAY  
Biller Code: 28399  
Reference: 031377

Contact your participating Bank, Credit Union,  
or Building Society to make this payment from  
your cheque or savings account.

DATE	DETAILS	AMOUNT	BALANCE
01/02/2007	OPENING BALANCE	838.75	838.75 ✓
15/02/2007	Penalty Subscription	83.87	922.62

RELEASED

*CSQ 1110.14  
on 1/3/07.  
Kylie Odd Club  
will draw  
Feb A/c on  
Wed 1/3/07  
for processing.*

RECEIVED  
DG'S OFFICE  
5/3/07

SUBSCRIPTIONS WERE DUE ON THE 1ST JANUARY 2007 - PENALTIES WILL NOW APPLY

GST COMPONENT FOR THIS MONTH: \$0.00  
Rule 6.2: Payment due within 30 days.

AMOUNT DUE: 922.62

REMITTANCE ADVICE << Please detach and return with your payment >>

OVER 2 MONTHS	2 MONTHS	1 MONTH	CURRENT	AMOUNT DUE
838.75	0.00	0.00	83.87	922.62

QUEENSLAND CLUB  
G.P.O BOX 4, BRISBANE, 4001

Our Ref: R085  
Name: R K Rolfe Esq.  
Date: 28 February 2007

CREDIT CARD TOTAL  
950.30

Please Circle Card Type:  
Master / Visa / Amex / Diners / Bankcard

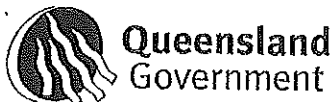
Please note that this amount  
includes a 3% Credit Card  
charge.

Card Number:

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Expiry Date:  /

Amount Paying: \_\_\_\_\_



# General Purpose Expenditure Voucher

Company Code\*  Invoice date\* 31/10/07 Invoice/credit note number\* EXPS.31/10/07 Vendor number\* (if known) 18420 7015772 Mandatory field \*

**Section A: Vendor Information**

Claimant/vendor name\* Kenneth John Smith GST registered:\* No  Yes

Address of claimant/vendor\* Level 15, Executive Building, 100 George Street, Brisbane Country QLD State QLD Postcode 4000

Remittance text (this will be displayed in the remittance to the vendor)\* Reconciliation Australia Dinner

Claimant (to be signed by employees claiming cost recovery items)  
I certify that the amount detailed above is due and payable to me for goods supplied, services rendered or works as indicated on this form.

Signature [Signature] Date 8/11/07 Is there a fringe benefits tax impact? No  Yes  Please advise your SSP fringe benefits tax unit of this assessment

Return cheque to requestor? No  Yes  Invoice Attached  Manual Cheque Required

**Section B: General Ledger Information**

Invoice Type: Invoice  DR Credit Note  CR Payment Terms  Payment Method  House Bank  Partner Bank Type

If the table below is not long enough, please use the attached table  Electronic upload

Line	DR/CR*	GL Account Code*	Amount*	Tax Code*	Profit Centre (4) Cost Centre (7) Internal Order(8) WBS Element*	Description* (this description appears on your financial reports - maximum of 50 characters)
1	DR	530007	65.44	RG	4101900	Reconciliation Australia Dinner 31/10/07
2	DR	530009	130.86	PN	4101900	Reconciliation Australia Dinner 31/10/07
3	DR					
4	DR					
5	DR					
Total			196.30	(must equal invoice amount including GST)		

**Section C: Certifications**

**Business unit verification**

I certify that the necessary checks have been made to ensure that:

- all GL account, WBS Element/ internal order/ cost centre/ profit SAP tax codes are correct;
- a valid tax invoice is attached where applicable;
- goods and services are for official purpose and have been received;
- the invoice has not been previously paid; and
- the total computed for payment on this form, equals the value of the invoice including GST

Name Kerri Neuendorf Telephone number 340 67933

Position Senior Executive Assistant

Signature [Signature] Date 07.11.2007

**Expenditure Approval**

I approve this expenditure from the codes shown above and hold the relevant financial delegation.

**PREMIER'S DEPARTMENT**

**- 9 NOV 2007**

**FINANCIAL SERVICES**

Name Scott Kessell Position Executive Director

Signature [Signature] Date 07.11.2007

**Accounts Payable Use Only**

Entered by [Signature] SAP User ID 10006017 SAP Document number 19/10459 Manual cheque number (if applicable)

Privacy Statement WCA 21/11/07



Queensland Government

Department of the Premier and Cabinet

Office of the Director-General

11/10/07  
 12/10/07  
 13/10/07  
 14/10/07  
 15/10/07  
 16/10/07  
 17/10/07  
 18/10/07  
 19/10/07  
 20/10/07  
 21/10/07  
 22/10/07  
 23/10/07  
 24/10/07  
 25/10/07  
 26/10/07  
 27/10/07  
 28/10/07  
 29/10/07  
 30/10/07  
 31/10/07

Petty Cash claim -  
 Dinner -  
 Barbara Live sey  
 CEO and  
 Jackie Higgins  
 Chair Reconciliation  
 Committee.

THANK YOU FROM  
 IL CENTRO  
 BRISBANE  
 SE# 9791297294  
 ROC# 299946  
 TID 40218246

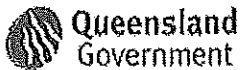
Contrary to Public Interest (S)  
 Contrary to Public Interest

AMEX  
 OCT 31, 07  
 SALE  
 BASE AMOUNT \$196.80  
 TIP/MISC  
 TOTAL AUD  
 APPROVAL CODE 48  
 FOOD AND BEVERAGES

CUSTOMER RECEIPT

K J SMITH  
 I CONFIRM I INCURRED THE CHARGES HEREIN  
 AND WILL OBSERVE MY AGREEMENT WITH THE  
 CARD ISSUER

L.  
 31/10/07



## Fringe Benefits Tax Declaration

### PRIVACY STATEMENT


The collection of personal information on this form and any attachments is authorised under the Financial Administration and Audit Act 1977, and will be used in the processing of Fringe Benefits Tax. Your personal information will not be disclosed to other parties without your consent unless required by law.

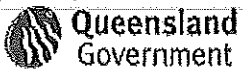
\* denotes mandatory field

Agency or SSP *	Department of the Premier and Cabinet		
Personnel Number *	18420	Contact Phone No. *	32244728
FBT Year / Declaration Period *	1 April 2007 to 31 March 2008		
Email *	ken.smith@premiers.qld.gov.au		

**Form Selection** Please select form(s) by flagging the checkbox; then scroll down to complete the form(s).

- |   |   |
|---|---|
| <input type="checkbox"/> Board Fringe Benefit Administrative Declaration<br><br><input type="checkbox"/> Car Parking Benefit Declaration<br><br><input checked="" type="checkbox"/> Entertainment Administrative Declaration<br><br><input type="checkbox"/> Expenses Payment Declaration<br><br><input type="checkbox"/> HECS-HELP/SARAS - Expense Payment Benefit Declaration<br><br><input type="checkbox"/> Living Away From Home Allowance (LAFHA)<br><br><input type="checkbox"/> Motor Vehicle Usage Declaration | <input type="checkbox"/> Residual Benefit Administrative Declaration<br><br><input type="checkbox"/> Property Fringe Benefit Declaration<br><br><input type="checkbox"/> Relocation / Temporary Accommodation Declaration<br><br><input type="checkbox"/> Relocation Transport Declaration<br><br><input type="checkbox"/> Remote Area Holiday Transport Declaration<br><br><input type="checkbox"/> Travel Diary |
|---|---|

 <b>Queensland Government</b>		<b>Fringe Benefits Tax Declaration</b>	
<b>Entertainment Administrative Declaration</b>			
<b>PRIVACY STATEMENT</b> The collection of personal information on this form and any attachments is authorised under the Financial Administration and Audit Act 1977, and will be used in the processing of Fringe Benefits Tax. Your personal information will not be disclosed to other parties without your consent unless required by law.			
* denotes mandatory field			
Agency or SSP *	Department of the Premier and Cabinet		
Personnel Number *	18420	Contact Phone No. *	32244728
FBT Year / Declaration Period *	1 April 2007 to 31 March 2008		
Email *	ken.smith@premiers.qld.gov.au		
Refer to help information to determine whether this form is necessary for your expenditure. Please attach a copy of the invoice/receipt, expenditure voucher, meeting/seminar agenda, list of attendees, and menu where appropriate, including those transactions paid for by Corporate Credit Card.			
On	31.10.2007	the Department provided	Sit Down Menu
	<i>Date of function</i>		<i>e.g. finger food, alcohol, sit-down menu, live show, etc.</i>
at a	Meeting	held at	Non Govt-premises - Eagle Street, Brisbane
	<i>Type of function, e.g. meeting, seminar, social, etc.</i>		<i>Govt, non-govt premises and physical location</i>
for a period of	4	hours. The Department paid for a total of	3 attendees at a
			<i>Total No people</i>
total cost of \$	196.30		
	<i>Total expenditure amount Incl GST</i>		
<b>Employee Name</b> <i>Includes employee's friends and family, all government employees and their friends and family</i>	<b>Title, Department and Business Unit</b>	<b>Non-Employee Name</b> <i>Includes Clients and Suppliers</i>	<b>Title and Company</b>
Ken Smith	Director-General, DPC	Barb Livesey	CEO, Reconciliation Australia
		Jackie Huggins	Co-Chair, Reconciliation Australia
<b>Total Employees</b>	1	<b>Total Non-Employees</b>	2
Have all attendees been accounted for?	Yes		
	<i>Employee Count</i>		
Amount subject to FBT =	1	x	=\$196.30
	3		
	<i>Employee &amp; Non-employee Count</i>		<i>Total Cost entered above</i>

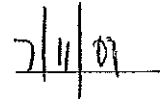


Fringe Benefits Tax Declaration

Signature of Responsible Manager  
*For printed forms only*



Dated



RTI RELEASE

 <b>Queensland Government</b>	<h2 style="margin: 0;">Fringe Benefits Tax Declaration</h2>
<h3 style="margin: 0;">Entertainment Administrative Declaration</h3>	

**PRIVACY STATEMENT**

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\* denotes mandatory field

Allocate total cost of event as per the invoice charge into specific GL accounts below:

GL Account Description	FBT?	GL Account Code	Cost Centre	Amount
Entertainment - non-employee - incl alcohol <i>Entertainment - non-employee food, drink and recreation - alcohol provided</i>	No	530009	4101900	130.86
Entertainment - non-employee - no alcohol <i>Entertainment - non-employee food, drink and recreation - no alcohol provided</i>	No	530010		
Entertainment -employee and associates - incl alcohol <i>Entertainment - employee food, drink and recreation - alcohol provided</i>	Yes	530007	4101900	65.44
Entertainment -employee and associates - no alcohol <i>Entertainment - employee food, drink and recreation - no alcohol provided</i>	Yes	530008		
Staff training and development <i>Internal</i>	No	518512		
Staff training and development <i>External</i>	No	518511		
Refreshments and light meals <i>Refreshments and light meals; excludes alcohol, includes tea, coffee, milk</i>	No	530011		
Staff conferences and workshops	No	530005		
Other	No			
<b>Total \$</b>				<b>196.30</b>

Signature of Responsible Manager  
*For printed forms only*

Self

Dated

7/11/07



# General Purpose Expenditure Voucher

Company Code\*  Invoice date\*  Invoice/credit note number\*  Vendor number\* (if known)  Mandatory field \*

**Section A: Vendor Information**

Claimant/vendor name\*  GST registered\* No  Yes   
 Claimant/vendor ABN (if applicable)   
 Address of claimant/vendor\*   
 Country  State  Postcode

Remittance text (this will be displayed in the remittance to the vendor)\*

John Dawson dinner 8.11.07

Claimant (to be signed by employees claiming cost recovery items)

I certify that the amount detailed above is due and payable to me for goods supplied, services rendered or works as indicated on this form.

Is there a fringe benefits tax impact?

No  Yes  Please advise your SSP fringe benefits tax unit of this assessment

Signature  Date

Return cheque to requestor?

No  Yes

Invoice Attached

Manual Cheque Required

**Section B: General Ledger Information**

Invoice Type: Invoice  DR Credit Note  CR Payment Terms  Payment Method  House Bank  Partner Bank Type

If the table below is not long enough, please use the attached table  Electronic upload

Line	DR/CR*	GL Account Code*	Amount *	Tax Code ✓	Profit Centre (4) Cost Centre (7) Internal Order (8) WBS Element *	Description* (this description appears on your financial reports - maximum of 50 characters)
1	DR	530009	202.00	PC	4101900	John Dawson dinner 8.11.07
2	DR	530007	101.00	PC	4101900	John Dawson dinner
3						
4						
5						
Total			303.00	(must equal invoice amount including GST)		

**Section C: Certifications**

**Business unit verification**

I certify that the necessary checks have been made to ensure that:

- all GL account, WBS Element/ Internal order/ cost centre/ profit SAP tax codes are correct;
- a valid tax invoice is attached where applicable;
- goods and services are for official purpose and have been received;
- the invoice has not been previously paid; and
- the total computed for payment on this form equals the value of the invoice including GST

Name  Telephone number

Position

Signature  Date

**Expenditure Approval**

I approve this expenditure from the codes shown above and hold the relevant financial delegation.

Name  Date

Position

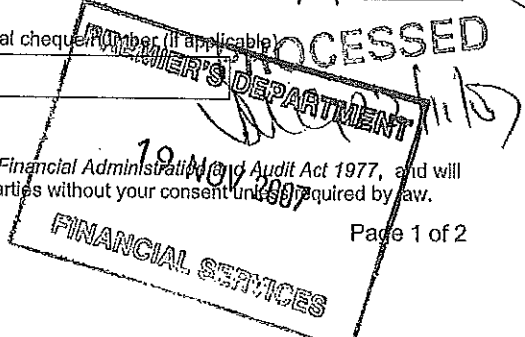
Signature  Date

**Accounts Payable Use Only**

Entered by  SAP User ID  SAP Document number  Manual cheque number (if applicable)

**Privacy Statement**

The collection of personal information on this form and any attachments is authorised under the Financial Administration and Audit Act 1977, and will be used in the processing of vouchers. Your personal information will not be disclosed to other parties without your consent unless required by law.







## Fringe Benefits Tax Declaration

### PRIVACY STATEMENT


The collection of personal information on this form and any attachments is authorised under the Financial Administration and Audit Act 1977, and will be used in the processing of Fringe Benefits Tax. Your personal information will not be disclosed to other parties without your consent unless required by law.

\* denotes mandatory field

Agency or SSP *	Department of the Premier and Cabinet		
Personnel Number *	18420	Contact Phone No. *	32244728
FBT Year / Declaration Period *	1 April 2007 to 31 March 2008		
Email *	ken.smith@premiers.qld.gov.au		

**Form Selection** Please select form(s) by flagging the checkbox; then scroll down to complete the form(s).

- |   |   |
|---|---|
| <input type="checkbox"/> Board Fringe Benefit Administrative Declaration<br><br><input type="checkbox"/> Car Parking Benefit Declaration<br><br><input checked="" type="checkbox"/> Entertainment Administrative Declaration<br><br><input type="checkbox"/> Expenses Payment Declaration<br><br><input type="checkbox"/> HECS-HELP/SARAS - Expense Payment Benefit Declaration<br><br><input type="checkbox"/> Living Away From Home Allowance (LAFHA)<br><br><input type="checkbox"/> Motor Vehicle Usage Declaration | <input type="checkbox"/> Residual Benefit Administrative Declaration<br><br><input type="checkbox"/> Property Fringe Benefit Declaration<br><br><input type="checkbox"/> Relocation / Temporary Accommodation Declaration<br><br><input type="checkbox"/> Relocation Transport Declaration<br><br><input type="checkbox"/> Remote Area Holiday Transport Declaration<br><br><input type="checkbox"/> Travel Diary |
|---|---|

 <b>Queensland Government</b>	<b>Fringe Benefits Tax Declaration</b>		
<b>Entertainment Administrative Declaration</b>			
<b>PRIVACY STATEMENT</b> The collection of personal information on this form and any attachments is authorised under the Financial Administration and Audit Act 1977, and will be used in the processing of Fringe Benefits Tax. Your personal information will not be disclosed to other parties without your consent unless required by law.			
* denotes mandatory field			
Agency or SSP *	Department of the Premier and Cabinet		
Personnel Number *	18420	Contact Phone No. *	32244728
FBT Year / Declaration Period *	1 April 2007 to 31 March 2008		
Email *	ken.smith@premiers.qld.gov.au		
Refer to help information to determine whether this form is necessary for your expenditure. Please attach a copy of the invoice/receipt, expenditure voucher, meeting/seminar agenda, list of attendees, and menu where appropriate, including those transactions paid for by Corporate Credit Card.			
On <u>08.11.2007</u> the Department provided <u>Sit Down Menu</u> <small>Date of function</small> <span style="float: right;"><small>e.g. finger food, alcohol, sit-down menu, live show, etc.</small></span>			
at a Meeting held at <u>Non-Govt Premises - Edward Street, Brisbane</u> <small>Type of function, e.g. meeting, seminar, social, etc.</small> <span style="float: right;"><small>Govt, non-govt premises and physical location</small></span>			
for a period of <u>4</u> hours. The Department paid for a total of <u>3</u> attendees at a <span style="float: right;"><small>Total No people</small></span>			
total cost of \$ <u>303.00</u> <small>Total expenditure amount incl GST</small>			
<b>Employee Name</b> <small>Includes employee's friends and family, all government employees and their friends and family</small>	<b>Title, Department and Business Unit</b>	<b>Non-Employee Name</b> <small>Includes Clients and Suppliers</small>	<b>Title and Company</b>
Ken Smith	Director-General, DPC	John Dawson	Former Agent-General to London (QLD Govt)
		Loftus Harris	Consultant reviewing International Division
<b>Total Employees</b>	1	<b>Total Non-Employees</b>	2
Have all attendees been accounted for?    Yes			
<small>Employee Count</small>			
Amount subject to FBT = <u>1</u> x <u>303.00</u>			
<small>Employee &amp; Non-employee Count</small> <small>Total Cost entered above</small>			



Queensland  
Government

Fringe Benefits Tax Declaration

Signature of Responsible Manager  
*For printed forms only*

Dated

15/11/07

RTI RELEASE



**Fringe Benefits Tax Declaration**

**Entertainment Administrative Declaration**

**PRIVACY STATEMENT**

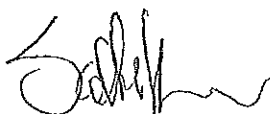
The collection of personal information on this form and any attachments is authorised under the Financial Administration and Audit Act 1977, and will be used in the processing of Fringe Benefits Tax. Your personal information will not be disclosed to other parties without your consent unless required by law.

\* denotes mandatory field

Allocate total cost of event as per the invoice charge into specific GL accounts below:

GL Account Description	FBT?	GL Account Code	Cost Centre	Amount
Entertainment - non-employee - incl alcohol <i>Entertainment - non-employee food, drink and recreation - alcohol provided</i>	No	530009	4101900	202.00
Entertainment - non-employee - no alcohol <i>Entertainment - non-employee food, drink and recreation - no alcohol provided</i>	No	530010		
Entertainment -employee and associates - incl alcohol <i>Entertainment - employee food, drink and recreation - alcohol provided</i>	Yes	530007	4101900	101.00
Entertainment -employee and associates - no alcohol <i>Entertainment - employee food, drink and recreation - no alcohol provided</i>	Yes	530008		
Staff training and development <i>Internal</i>	No	518512		
Staff training and development <i>External</i>	No	518511		
Refreshments and light meals <i>Refreshments and light meals; excludes alcohol, includes tea, coffee, milk</i>	No	530011		
Staff conferences and workshops	No	530005		
Other	No			
<b>Total \$</b>				<b>303.00</b>

Signature of Responsible Manager  
*For printed forms only*



Dated 15/11/07

Chair - 8/11/07  
Dinner with 7  
John Dawson -  
Exp Agent General  
to London  
Lottus Harris -  
Reviewing International  
Dinner

CUSTOMER

COPY

RESTAURANT TWO  
2 EDWARD ST  
BRISBANE QLD 4000

EFTPOS

TERMINAL ID 08184151101  
REFERENCE NO 000802  
RECALL NO 0492

CARD NUMBER  
3007  
AMEX CR

PURCHASE \$303.00

TIP AUD -----

TOTAL AUD -----

08/11/07 21:42

APPROVED 000056

RESTAURANT TWO  
ABN# 91 366 215263  
TAX INVOICE  
DATE 08.11.2007 THU

3X	018.00
ENTREE X1	\$54.00
MAIN COURSE X1	\$45.00
2X	039.00
MAIN COURSE X1	\$78.00
2X	04.00
COFFEE X1	\$8.00
2X	051.50
WINE X1	\$103.00
BAR X1	\$0.00
BAR X1	\$7.00
SUBTOTAL	\$303.00
TAXABLE 1	\$303.00
NET1 AMT	\$275.45
TAX1 AMT	\$27.55
TOTAL	\$303.00
CASH	\$303.00
CLERK 1	NO.088450
TIME 21:08	0000

19/15450



# General Purpose Expenditure Voucher

Company Code\*  Invoice date\*  Invoice/credit note number\*  Vendor number\* (if known)  Mandatory field \*

**Section A: Vendor Information**

Claimant/vendor name\*  GST registered:\* No  Yes   
 Claimant/vendor ABN (if applicable)

Address of claimant/vendor\*  
  
 Country  State  Postcode

Remittance text (this will be displayed in the remittance to the vendor\*)

Claimant (to be signed by employees claiming cost recovery items)  
 I certify that the amount detailed above is due and payable to me for goods supplied, services rendered or works as indicated on this form.

Is there a fringe benefits tax impact?  
 No  Yes  Please advise your SSP fringe benefits tax unit of this assessment

Return cheque to requestor?  
 No  Yes  Invoice Attached   
 Manual Cheque Required

Signature  Date

**Section B: General Ledger Information**

Invoice Type: Invoice  DR Credit Note  CR Payment Terms  Payment Method  House Bank  Partner Bank Type

If the table below is not long enough, please use the attached table  Electronic upload

Line	DR/CR*	GL Account Code*	Amount*	Tax Code*	Profit Centre (4) Cost Centre (7) Internal Order (8) WBS Element*	Description* (this description appears on your financial reports - maximum of 50 characters)
1	DR	530011	33.00	PG	4101900	Lunch (Smith & Jensen) - COAG Infr WG 22/5/08
2	DR	530011	76.90	PG	4101900	Breakfast with Chair & CEO MBF Board 21/5/08
3						
4						
5						
Total			109.90	(must equal invoice amount including GST)		

**Section C: Certifications**

**Business unit verification**  
 I certify that the necessary checks have been made to ensure that:  
 • all GL account, WBS Element/ Internal order/ cost centre/ profit SAP tax codes are correct;  
 • a valid tax invoice is attached where applicable;  
 • goods and services are for official purpose and have been received;  
 • the invoice has not been previously paid; and  
 • the total computed for payment on this form equals the value of the invoice including GST

Name  Telephone number   
 Position   
 Signature  Date

**Expenditure Approval**  
 I approve this expenditure from the funds shown above and hold the relevant financial delegation

21/6/08

RECEIVED

30 MAY 2008

SSA ACCOUNTS PAYABLE

Name  Position   
 Signature  Date

**Accounts Payable Use Only**

Entered by  SAP User ID  SAP Document number  Manual cheque number (if applicable)

**Privacy Statement**

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Claim - paid

\$76.90

Breakfast

with West  
Kraemer (Credit)

and Lyndon  
Tennison (CASH)

of Brisbane  
Federal 21/05/08

McLaurie North Companies  
91 Adelaide Airport  
21/05/08 14:23

Billie Chu  
Check: 1080676  
Cashier: Laor  
Terminal: 108  
Table: 04  
Guests: 0

Billie Chu  
1 Chicken with Fry 12.90  
2 Mt Frank 600ml 7.20  
@ 3.50  
1 The Riffchick 12.90

Sub-Total 33.00  
Tip 0.00

Total 33.00  
Amount: 3.00

TAX INVOICE  
The total supply includes GST.  
ABN# 67 006 682 113

CUNRAD TREASURY  
MELBOURNE

CUSTOMER COPY

Acquirer ID 48790240  
Merchant ID F40554  
Country Code  
Date/Time 21/05/08 08:15  
RRN 000093002887  
AMEX AMEX

Credit g/c  
Expires  
APPROVED  
AUTH ID 724299

PURCHASE \$76.90

TIP \$3.00  
TOTAL AMOUNT \$80.90

PLEASE RETAIN AS  
RECORD OF PURCHASE

CUNRAD TREASURY  
MELBOURNE  
THE LAB  
& RESTAURANT

TAX INVOICE  
ABN: 76 010 741 045

TABLE # 2  
8/FAS1  
CVRS 3  
MEGAN.F

\* EGG 2 & SIDE 16.90  
\* YIB TOMATO CUR 0.00  
\* 11 & SHI 16.90  
\* 11 SHIRAZ 0.00  
\* 11 SHIRAZ & SIDE 16.90  
\* 11 SHIRAZ CUR 0.00  
\* 11 SHIRAZ 4.00  
\* 11 SHIRAZ 3.00

1 BLACK 6.40  
3.20\$/EA  
SKIN/WHITE 6.40  
3.20\$/EA  
11 3.20  
11 3.20  
\* 11 3.20

\$76.90

19/18972



# General Purpose Expenditure Voucher

Company Code\*  Invoice date\*  Invoice/credit note number\*  Vendor number\* (if known)  Mandatory field \*

**Section A: Vendor Information**

Claimant/vendor name\*  GST registered:\* No  Yes   
 Claimant/vendor ABN (if applicable)

Address of claimant/vendor\*  
  
 Country  State  Postcode

Remittance text (this will be displayed in the remittance to the vendor)\*

Claimant (to be signed by employees claiming cost recovery items)  
 I certify that the amount detailed above is due and payable to me for goods supplied, services rendered or works as indicated on this form.

Is there a fringe benefits tax impact?  
 No  Yes  Please advise your SSP fringe benefits tax unit of this assessment

Signature  Date   
 Return cheque to requestor? No  Yes  Invoice Attached

**Section B: General Ledger Information**

Invoice Type: Invoice  DR Credit note  CR  
 Payment Terms  Payment Method  House bank

If the table below is not long enough, please use the attached table  Electronic upload

Line	DR/CR*	GL Account Code*	Amount*	Tax Code*	Profit Centre (4) Cost Centre (7) Internal Order (8) WBS Element*	Description* (this description appears on your financial reports - maximum of 50 characters)	
1	DR	530011	96.00	FR	4101900	Business Dinner with Jeff Harmer - 1 Sept 08 ✓	
2							
3							
4							
5							
Total			96.00	(must equal invoice amount including GST)			

RECEIVED  
 24 SEP 2008  
 SSA ACCOUNTS PAYABLE

**Section C: Certifications**

<p><b>Business unit verification</b>                  I certify that the necessary checks have been made to ensure that:                  • all GL account, WBS Element/ internal order/ cost centre/ profit SAP tax codes are correct;                  • a valid tax invoice is attached where applicable;                  • goods and services are for official purpose and have been received;                  • the invoice has not been previously paid; and                  • the total computed for payment on this form equals the value of the invoice including GST</p> <p>Name <input type="text" value="Kerry Wilson"/> Telephone number <input type="text" value="x67933"/>                  Position <input type="text" value="Senior Executive Assistant"/>                  Signature <input type="text"/> Date <input type="text" value="05.09.2008"/></p>	<p><b>Expenditure Approval</b>                  I approve this expenditure from the codes shown above and hold the relevant financial delegation.</p> <p>Name <input type="text" value="Scott Kessell"/>                  Position <input type="text" value="Executive Director, ODG"/>                  Signature <input type="text"/> Date <input type="text" value="17/9/08"/></p>
---	---

**Accounts Payable Use Only**  
 Entered by  SAP User ID  SAP Document number  Manual cheque number (if applicable)

**Privacy Statement**  
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**CUSTOMER COPY**

ALCHEMY RESTAURANT &  
 175 EAGLE ST  
 BRISBANE 4000 QLD  
 TERMINAL ID 08184125302  
 AMEX CR  
 3007 1010  
 PUR AUD \$166.00  
 TIP AUD  
 TOTAL AUD  
 APPROVED A000014  
 R4658  
 01/09/08 20:49 S023592  
 THANK YOU FOR  
 YOUR CUSTOM

N Tax Invoice  
 Alchemy Restaurant & Bar  
 175 Eagle St  
 Brisbane

Table #4  
 Trans#: 25360 Serv: Karl  
 01/09/2008 8:58:55 PM # Cust:2

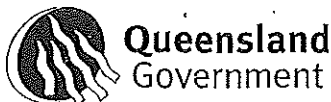
Quan	Descript	Cost
1	Btl Coldstream P/N	\$70.00
1	Earl Tea	\$4.50
1	Mint Tea	\$4.50
1	Winter Vegetables	\$9.00
2	Braised Beef	\$78.00

GST \$15.09

TOTAL : \$166.00  
 Food: \$87.00  
 Beverage: \$9.00  
 Liquor: \$70.00

<-REPRINTED->

ABN:6411 6317 278  
 Tel: (07) 329 3175



# General Purpose Expenditure Voucher

Company Code\*  Invoice date\*  Invoice/credit note number\*  Vendor number\* (if known)  Mandatory field \*

1041 18.05.2009 RE173180509KS 7013772

**Section A: Vendor Information**

Claimant/vendor name\* Kenneth J Smith  
 Claimant/vendor ABN (if applicable) emp id 18420  
 GST registered:\* No  Yes

Address of claimant/vendor\*  
 Executive Building, Level 15, 100 George Street  
 Brisbane Country State QLD Postcode 4000

Remittance text (this will be displayed in the remittance to the vendor)\*  
 My claim for business dinner - 18 May 2008

Claimant (to be signed by employees claiming cost recovery items)  
 I certify that the amount detailed above is due and payable to me for goods supplied, services rendered or works as indicated on this form.

Is there a fringe benefits tax impact?  
 No  Yes  Please advise your SSP fringe benefits tax unit of this assessment  
 Return cheque to requestor?  
 No  Yes  Invoice Attached

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section B: General Ledger Information**

Invoice Type: Invoice  DR Credit note  CR  
 Payment Terms \_\_\_\_\_ Payment Method \_\_\_\_\_ House bank \_\_\_\_\_

A.O  
4.06.09

If the table below is not long enough, please use the attached table  Electronic upload

Line	DR/CR*	GL Account Code*	Amount *	Tax Code *	Profit Centre (4) Cost Centre (7) Internal Order (8) WBS Element *	Description* (this description appears on your financial reports - maximum of 50 characters)
1	DR	530007	72.47	FG	4101900	Dinner expenses for Ken Smith
2	DR	530009	144.93	FG	4101900	Dinner expenses for Geoff Dixon and Don Morris
3						
4						
5						
Total			217.40	(must equal invoice amount including GST)		

**Section C: Certifications**

<p><b>Business unit verification</b>                  I certify that the necessary checks have been made to ensure that:                  • all GL account, WBS Element/ Internal order/ cost centre/ profit SAP tax codes are correct;                  • a valid tax invoice is attached where applicable;                  • goods and services are for official purpose and have been received;                  • the invoice has not been previously paid; and                  • the total computed for payment on this form equals the value of the invoice including GST</p> <p>Name: Kerry Wilson Telephone number: x67933                  Position: Senior Executive Assistant                  Signature: _____ Date: 05.09.2008</p>	<p><b>Expenditure Approval</b>                  I approve this expenditure from the codes shown above and hold the relevant financial delegation.</p> <p style="text-align: center; font-size: 2em; transform: rotate(-15deg); border: 2px solid black; padding: 5px;">RECEIVED 02 JUN 2009 SSA Accounts Payable</p> <p>Name: Mary Weaver                  Position: A/Senior Advisor, ODS                  Signature: _____ Date: 22/05/09</p>
---	---

**Accounts Payable Use Only**

Entered by: Nicole SAP User ID: 118289 SAP Document number: 19/24426 Manual cheque number (if applicable): \_\_\_\_\_

**Privacy Statement**

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TREASURY LAB BAR  
BRISBANE

CUSTOMER COPY

Acquirer NAB  
Merchant ID 48790240  
Terminal ID F40554  
Country Code  
Date/Time 18/05/09 21:12  
RRN 000362009437  
AMEX AMEX

Contrary to Public Interest

Credit A/C Expires 10/10

APPROVED 08

AUTH ID 323999

PURCHASE \$217.40

TIP \$.....

TOTAL AUD \$.....

PLEASE RETAIN AS  
RECORD OF PURCHASE

CONRAD TREASURY  
BRISBANE  
THE LAB  
BAR & RESTAURANT

TAX INVOICE  
ABN: 78 010 741 045

TABLE # 11  
DINNER

CVRS 3  
AMELIA.P

		\$
* FRESH FISH		
2 @ 30.00\$/EA		60.00
* BARWONG DUCK		35.00
* SEASONAL VEGS		6.00
* COF-FLAT WHITE		
2 @ 3.20\$/EA		6.40
** FOOD	107.40	
* GL H/FIELD S/BL 06		13.00
* YERING STATION PN NV		58.00
* GL NINTH IS P/N 06		
3 @ 13.00\$/EA		39.00
** BEVERAGE	110.00	
<b>TOTAL</b>	<b>\$217.40</b>	

TIP

NAME

NO#

SG:

NEW BAL


217.40

THE LAB BAR AND RESTAURANT  
FOR ENQUIRIES & BOOKINGS  
PLEASE CALL 07 3306 8647

#0033 CLK000282 E061-0 9:11 PM 18/05/09

*Kenya*  
 Claim please  
 Paid entry card  
 Dinner with  
 Geoff Dixon  
 Cheryl Best  
 Old Events  
 +  
 Dan Morris  
 Chris Taylor  
 Old

*h*  
15-05-09

		<b>Fringe Benefits Tax Declaration</b>	
<b>Entertainment Administrative Declaration</b>			
<b>PRIVACY STATEMENT</b> The collection of personal information on this form and any attachments is authorised under the Financial Administration and Audit Act 1977, and will be used in the processing of Fringe Benefits Tax. Your personal information will not be disclosed to other parties without your consent unless required by law.			
* denotes mandatory field			
Agency or SSP *	DPC1041		
Personnel Number *		Contact Phone No. *	340 67933
FBT Year / Declaration Period *	1 April 2009 to 31 March 2010		
Email *			
Refer to help information to determine whether this form is necessary for your expenditure. Please attach a copy of the invoice/receipt, expenditure voucher, meeting/seminar agenda, list of attendees, and menu where appropriate, including those transactions paid for by Corporate Credit Card.			
On <u>18.05.2009</u> the Department provided Dinner <small>Date of function</small> <span style="float: right;"><small>e.g. finger food, alcohol, sit-down menu, live show, etc.</small></span>			
at a <u>Business meeting</u> held at <u>Lab Bar Restaurant</u> <small>Type of function, e.g. meeting, seminar, social, etc.</small> <span style="float: right;"><small>Govt, non-govt premises and physical location</small></span>			
for a period of <u>2</u> hours. The Department paid for a total of <u>3</u> attendees at a <small>Total No people</small>			
total cost of \$ <u>217.40</u> <small>Total expenditure amount incl GST</small>			
Employee Name <small>Includes employee's friends and family, all government employees and their friends and family</small>	Title, Department and Business Unit	Non-Employee Name <small>Includes Clients and Suppliers</small>	Title and Company
Ken Smith	Director-General, DPC	Geoff Dixon	Chair, Qld Events
		Don Morris	Chair, Tourism Qld
<b>Total Employees</b>	1	<b>Total Non-Employees</b>	2
Have all attendees been accounted for? <input checked="" type="checkbox"/> Yes			
<small>Employee Count</small>			
Amount subject to FBT = <u>1</u> x $\$217.40$			
<u>3</u>			
<small>Employee &amp; Non-employee Count</small>		<small>Total Cost entered above</small>	



Fringe Benefits Tax Declaration


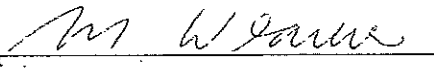
Signature of Responsible Manager  
*For printed forms only*

*M. W. Leanne*

Dated

*25/05/09*

RTI RELEASE

 <b>Queensland Government</b>	<b>Fringe Benefits Tax Declaration</b>			
<b>Entertainment Administrative Declaration</b>				
<p style="text-align: center;"><b>PRIVACY STATEMENT</b></p> <p>The collection of personal information on this form and any attachments is authorised under the Financial Administration and Audit Act 1977, and will be used in the processing of Fringe Benefits Tax. Your personal information will not be disclosed to other parties without your consent unless required by law.</p>				
* denotes mandatory field				
Allocate total cost of event as per the invoice charge into specific GL accounts below:				
GL Account Description	FBT?	GL Account Code	Cost Centre	Amount
Entertainment - non-employee - incl alcohol <i>Entertainment - non-employee food, drink and recreation - alcohol provided</i>	No	530009	4101900	144.93
Entertainment - non-employee - no alcohol <i>Entertainment - non-employee food, drink and recreation - no alcohol provided</i>	No	530010		
Entertainment - employee and associates - incl alcohol <i>Entertainment - employee food, drink and recreation - alcohol provided</i>	Yes	530007	4101900	72.47
Entertainment - employee and associates - no alcohol <i>Entertainment - employee food, drink and recreation - no alcohol provided</i>	Yes	530008		
Staff training and development <i>Internal</i>	No	518512		
Staff training and development <i>External</i>	No	518511		
Refreshments and light meals <i>Refreshments and light meals; excludes alcohol, includes tea, coffee, milk</i>	No	530011		
Staff conferences and workshops	No	530005		
Other	No			
Total \$				217.40
Signature of Responsible Manager <i>For printed forms only</i>				Dated <u>25/05/09</u>

DOCUMENT NO: \_\_\_\_\_

**DEPARTMENT OF THE PREMIER AND CABINET  
DOMESTIC TRAVEL EXPENSES VOUCHER**

CLAIM TYPE  Claim  Advance  Advance Acquittal EMPLOYEE NUMBER: 18420

PERIOD OF CLAIM: 7/12/2008 to 8/12/2008 INVOICE NUMBER: \_\_\_\_\_

Family Name: Smith Given Name/s: Kenneth J

Work Address: Level 15, 100 George Street, Brisbane Work Phone: 322 44728

**CLAIM DETAILS - SUMMARY (refer to details page over)**

Items Claimed	Number	Rate	Amount
Travelling Allowance <i>**Note Tax Code = PZ**</i>	Accommodation		
	Incidental		
Meal Allowance <i>Allowance cannot be claimed if you wish to seek reimbursement for any actual meal costs</i> <i>**Note Tax Code = PZ**</i>	Breakfast		
	Lunch		
	Dinner		
Advance/Advance Acquittal <i>**Note Tax Code = PZ**</i>	Specify Dates:		
Other (Specify) <i>e.g. actual expenses which require receipts or valid Tax Invoices (Tax code to be based on items claimed)</i>			52.90
	Dinner for 7/12/08 at Brass Plam		
<b>TOTAL \$</b>			52.9

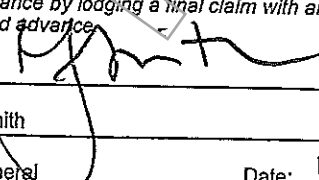
Cost Centre required for use of Asset account code (1xxxxx), Expense account codes (5xxxxx) require cost centre

ACCOUNT	PROFIT CENTRE	COST CENTRE / INTERNAL ORDER	TAX CODE	\$
52 6 0 0 1	1 0 4 1	4 1 0 1 9 0 0	P Z	52.9
<b>Total:</b>				52.9

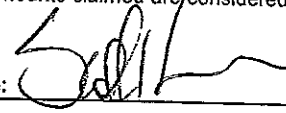
DESCRIPTION: Dinner meal expense at the GEO Dinner for Gladstone Community Cabinet - 7 - 8 December 08.

Is Fringe Benefit Tax applicable on this expenditure. YES / **NO** (circle correct answer)  
If YES complete FBT Entertainment expenses declaration form located on FSB Intranet page.

**CLAIMANTS CERTIFICATION**  
I certify:  
 • That the amount claimed herein is due and payable to me  
 • Overnight accommodation was obtained as indicated  
 • I have not claimed a combination of meal allowance and actual meal expenses  
*Note: ADVANCES - Within one week of completion of your trip you are required to account for the advance by lodging a final claim with all sections completed and repay any unused advance.*

Signature:   
 Printed Name Ken Smith  
 Position: Director-General Date: 10.12.08

**APPROVAL**  
I have the delegated authority under the Financial Management Practice Manual to approve this claim for payment and certify:  
 • The expenditure claimed was for official purposes  
 • Funds are available  
 • Where actual expenses are claimed prior approval was given and amounts claimed are considered to be reasonable

Signature:   
 Printed Name: Scott Kessell  
 Position Executive Director, ODG Date: 11/12/08

**FOR USE ONLY**

Bank Cheque Details Cheque Number: _____ Date: _____	Prepared by: _____ Date: _____	Checked by: _____ Date: _____	Input by: _____ Date: _____
--	-----------------------------------	----------------------------------	--------------------------------

- 4. For details of all entitlements, conditions etc, refer to Determination No. 16... the Public Service Management and Employment Regulations 2008 and Attachment 2 of the FMPM
- 3. The payment of allowances prescribed or actual and necessary expenses incurred is subject to the officer producing documentary evidence (receipts, Tax Invoices, itemised statements, certifications etc.)
- 4. Actual reimbursements over \$50 require a valid tax invoice to be supplied. You must try to obtain a valid tax invoice for these purchases.
- 5. Details of all travel movements are to be shown, including times and dates of departure from and arrival at towns and centres
- 6. Advances will be calculated as 100% of the total estimated amount of travel allowance or actual expenditure as the case may be. For each advance received a final claim voucher (Advance Acquittal) is to be forwarded to Financial Services Branch within one (1) week of completion of trip.

**Entertainment**

- 7. The following form must be completed for Official Entertainment Expenses - "Fringe Benefits Tax - Entertainment Expenses Declaration"
- 8. For details of who is authorised to approve entertainment expenditure, please refer to the Departments' Financial Management Practice Manual Expenditure Delegations.

Date	Location	Departure/Arrival Time		Accommodation		Incidentals		Meals				Other Items to be reimbursed
		am	pm	Please supply amount	Please tick the appropriate accom type		B'fast	Lunch	Dinner	Amount of Actual OR Allowance Claimed *		
					Private e.g. stayed with family or friends	Booked through e.g. Amex Travel or supplied by Dept or other				(Please tick) e.g. meals supplied at conference or training course	Cannot claim for meal allowance and actual meal costs, no combination allowed	
		Arrival Time		you paid the account \$		\$		B'fast	Lunch	Dinner	Please list amounts and total	
7/12/2008	Brisbane to Gladstone	10.55										
8/12/2008	Gladstone to Brisbane		5.45									52.9
<b>TOTALS - to be entered on Summary (Page 1)</b>												
<b>REASON FOR TRAVEL:</b>												
Community Cabinet - Gladstone 7 to 8 December 2008.												

All amounts are inclusive of GST if applicable.



Pay your bills  
at a RYDGES outlet



Abacus Gladstone Hotel Pty Ltd  
Trading as **Rydges Gladstone**  
ABN 93 124 278 968  
100 Goondoon Street  
GLADSTONE, QLD 4680 Australia  
Tel: +61 7 4970 0000  
Fax: +61 7 4970 0001  
www.rydges.com/gladstone



Mr Kenneth Smith  
L 15 100 George St  
Brisbane, QLD 4000  
Australia

*Paid by  
personally -  
60 dinner claim -  
I will pay for  
wine \$44 (myself)*

Room No. : 0309  
Arrival : 07/12/08  
Departure : 08/12/08  
Cashier : GLSPENCERJ  
Date : 08/12/08 08:00  
Voucher # :

TAX INVOICE 14879

Page(s) : 1 of 1

Date	Description	Reference	Debit AUD	Credit AUD
02/08	Brass Palm Dinner - Food		52.90	
07/12/08	Brass Palm Dinner - Beverage		44.00	
08/12/08	Credit Card Transaction Fee - 3.5%		3.39	
08/12/08	American Express			100.29

**Total** 100.29 100.29

I agree that I am personally liable for the payment of the foregoing statement and if the person, company or association indicated by me as being responsible for payment of the same does not do so, that my liability for such payment shall be joint and several with such person, company or association.

\* Indicates non-taxable supply

**Total Nett** 91.17 AUD  
**GST** 9.12 AUD  
**Total including GST** 100.29 AUD  
**Balance Due** \$ 0.00 AUD

Guest Signature: \_\_\_\_\_

"Best Rate Guaranteed - or the first night's FREE."  
Find a cheaper published rate for a Rydges property and Rydges will give you the first room night FREE.

19/19289



# General Purpose Expenditure Voucher

Company Code\*  Invoice date\*  Invoice/credit note number\*  Vendor number\* (if known)  Mandatory field \*

**Section A: Vendor Information**

Claimant/vendor name\*  GST registered:\* No  Yes   
 Claimant/vendor ABN (if applicable)

Address of claimant/vendor\*  
  
 Country  State  Postcode

Remittance text (this will be displayed in the remittance to the vendor)\*

Claimant (to be signed by employees claiming cost recovery items)  
 I certify that the amount detailed above is due and payable to me for goods supplied, services rendered or works as indicated on this form.  
 Signature  Date   
 Is there a fringe benefits tax impact? No  Yes  Please advise your SSP fringe benefits tax unit of this assessment  
 Return cheque to requestor? No  Yes  Invoice Attached

**Section B: General Ledger Information**

Invoice Type: Invoice  DR Credit note  CR Payment Terms  Payment Method  House bank

If the table below is not long enough, please use the attached table  Electronic upload

Line	DR/CR*	GL Account Code*	Amount *	Tax Code*	Profit Centre (4) Cost Centre (7) Internal Order(8) WBS Element *	Description* (this description appears on your financial reports - maximum of 50 characters)
1	DR	530011	84.00	PF	4101900	Business Lunch with Helen Silver - 22 Sept 08
2						
3						
4						
5						
Total			84.00	(must equal invoice amount including GST)		

**Section C: Certifications**

**Business unit verification**  
 I certify that the necessary checks have been made to ensure that:  
 • all GL account, WBS Element/ Internal order/ cost centre/ profit SAP tax codes are correct;  
 • a valid tax invoice is attached where applicable;  
 • goods and services are for official purpose and have been received;  
 • the invoice has not been previously paid; and  
 • the total computed for payment on this form equals the value of the invoice including GST

Name  Telephone number   
 Position   
 Signature  Date

**Expenditure Approval**  
 I approve this expenditure from the codes shown above and hold the relevant financial delegation.

JNEW 09/10  
 RECEIVED  
 9 OCT 2008  
 SSA ACCOUNTS PAYABLE

Name   
 Position   
 Signature  Date

**Accounts Payable Use Only**

Entered by  SAP User ID  SAP Document number  Manual cheque number (if applicable)

**Privacy Statement**

The collection of personal information on this form and any attachments is authorised under the *Financial Administration and Audit Act 1977*, and will be used in the processing of vouchers. Your personal information will not be disclosed to other parties without your consent unless required by law.

# CAFFÈ D'ISTASSIO

TABLE 110

COVERS 2

2	"SLOW FOOD" LUNCH	60.00
1	CONTORNI	9.50
1	BASSOSE	5.50
2	CAFFE	9.00
3	GLS DI STASSIO	39.00
		123.00

22/09/2008 02:25PM

31 FITZROY STREET ST KILDA 3182-PHONE 03 9525 3999-FAX 03 9525 3815

Lunch with  
Helen Giver  
D4 Victorian  
Dept of Tourism  
& Consumer  
22/09/08.

Claim all  
highlighted (Not  
\$39 for wine) 23.29.08



# General Purpose Expenditure Voucher

Mandatory field \*

Company Code\*  Invoice date\*  Invoice/credit note number\*  Vendor number\* (if known)

**Section A: Vendor Information**

Claimant/vendor name\*  GST registered:\* No  Yes   
 Claimant/vendor ABN (if applicable)

Address of claimant/vendor\*  
  
 Country  State  Postcode

Remittance text (this will be displayed in the remittance to the vendor)\*

Claimant (to be signed by employees claiming cost recovery items)

I certify that the amount detailed above is due and payable to me for goods supplied, services rendered or works as indicated on this form.

Is there a fringe benefits tax impact?

No  Yes  Please advise your SSP fringe benefits tax unit of this assessment

Return cheque to requestor?

No  Yes  Invoice Attached

Signature  Date

**Section B: General Ledger Information**

Invoice Type: Invoice  DR Credit note  CR  
 Payment Terms  Payment Method  House bank

If the table below is not long enough, please use the attached table  Electronic upload

Line	DR/CR*	GL Account Code*	Amount*	Tax Code*	Profit Centre (4) Cost Centre (7) Internal Order (8) WBS Element*	Description* (this description appears on your financial reports - maximum of 50 characters)
1	DR	530011	79.40	PG	4101900	Business Dinner with Andrew Craig - 14 Oct 08
2						
3						
4						
5						
Total			79.40	(must equal invoice amount including GST)		

**Section C: Certifications**

<p><b>Business unit verification</b>                  I certify that the necessary checks have been made to ensure that:                  • all GL account, WBS Element/ Internal order/ cost centre/ profit SAP tax codes are correct;                  • a valid tax invoice is attached where applicable;                  • goods and services are for official purpose and have been received;                  • the invoice has not been previously paid; and                  • the total computed for payment on this form equals the value of the invoice including GST</p> <p>Name <input type="text" value="Kerry Wilson"/> Telephone number <input type="text" value="x67933"/>                  Position <input type="text" value="Senior Executive Assistant"/>                  Signature <input type="text"/> Date <input type="text" value="20.02.2009"/></p>	<p><b>Expenditure Approval</b>                  I approve this expenditure from the codes shown above and hold the relevant financial delegation.</p> <p><input checked="" type="checkbox"/></p> <p>Name <input type="text" value="Scott Kessell"/>                  Position <input type="text" value="Executive Director, ODG"/>                  Signature <input type="text"/> Date <input type="text" value="20/2/09"/></p>
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**Accounts Payable Use Only**

Entered by  SAP User ID  SAP Document number  Manual cheque number (if applicable)

**Privacy Statement**

The collection of personal information on this form and any attachments is authorised under the *Financial Administration and Audit Act 1977*, and will be used in the processing of vouchers. Your personal information will not be disclosed to other parties without your consent unless required by law.

THANK YOU FROM  
IL CENTRO  
BRISBANE  
SE# 9791297294  
ROC# 325805  
TID 40218246

Contrary to Public Interest  
OCT 14 08 Contrary to Public Interest

SALE  
BASE AMOUNT \$141.40

TIP/MISC

TOTAL AUD

APPROVAL CODE 14

FOOD AND BEVERAGES

CUSTOMER RECEIPT

K J SMITH  
I CONFIRM I INCURRED THE CHARGES HEREIN  
AND WILL OBSERVE MY AGREEMENT WITH THE  
CARD ISSUER

\*\*\* T& Inv \*\*\*  
Centro Restau  
Angle Street Pier, Brisbane  
Tel: 07 3221 6090  
AP# 14 339 797 446

JOB CASSIE W

Tot 8/1 Chk 1105 Gst 2  
14 Oct '08 19:03

1 G CP MNTLE SS @ 11.00	11.00
1 YERING P/W @ 51.00	51.00
2 SPEC 4 @ 35.50	71.00
1 FLAT WHITE @ 4.20	4.20
1 LONG BLACK @ 4.20	4.20

12.85 GST Incl Sls	141.40
Food	79.40
Beverage	62.00
Total Due	141.40

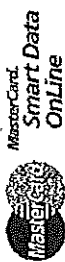
Andrew Craig  
Trade Com - Ltd.

RTI RELEASED

# Expense Report

MR KEN SMITH  
 CCCU-DPC LEVEL 2  
 179 NORTH QUAY  
 BRISBANE, QLD 4000 AUS  
 XXXX-XXXX-XXXX-3245

Posting Date: 31/03/2009 thru 30/04/2009 (April 2009)



Posting Date	Transaction Date	Description	Amount
<b>Card Transactions:</b>			
07/04/2009	06/04/2009	QANTAS VALET PARKIN BRISBANE, QLD Cost Allocation Fields: Cost Centre: 4101900 - DG, Account Codes: 525016 Motor Vehs Tolls&Incidentals, Tax Code: PG Non-capital acquisitions taxed @ 10%, CPID (Trading Partner): PNF219 PrivateNon-FinEnt(PrivSectorBus, Profit Centre: 4101 Custom Fields: Expense Description: Airport parking	77.20
20/04/2009	16/04/2009	GIANNI'S RESTAURAN BRISBANE, QLD Cost Allocation Fields: Cost Centre: 4101900 - DG, Account Codes: 530007 Entertainment Emp&Assoc-Alcohol, Tax Code: PG Non-capital acquisitions taxed @ 10%, CPID (Trading Partner): PNF219 PrivateNon-FinEnt(PrivSectorBus, Profit Centre: 4101 Custom Fields: Expense Description: Business lunch - 16/4/09	265.00
28/04/2009	27/04/2009	COMFORT INN GRAMMAR TOOWOOMBA, QLD Cost Allocation Fields: Cost Centre: 4101900 - DG, Account Codes: 526005 Travel Accommodation & Meals, Tax Code: PG Non-capital acquisitions taxed @ 10%, CPID (Trading Partner): PNF219 PrivateNon-FinEnt(PrivSectorBus, Profit Centre: 4101 Custom Fields: Expense Description: Accom for Community Cabinet	94.00
30/04/2009	30/04/2009	QANTAS UNK, UNK Cost Allocation Fields: Cost Centre: 4101900 - DG, Account Codes: 526006 Travel Air Fares Interstate, Tax Code: PG Non-capital acquisitions taxed @ 10%, CPID (Trading Partner): PNF219 PrivateNon-FinEnt(PrivSectorBus, Profit Centre: 4101 Custom Fields: Expense Description: Airfare for Premier's security	739.50
<b>Card Subtotal</b>			<b>1,175.70</b>
<b>Non-Card Transactions:</b>			
			<b>0.00</b>

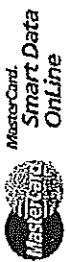
RECEIVED  
 22 JUN 2009  
 CSC CORPORATE CARD  
 PROFESSIONAL  
 60000077

**PROCESSED**  
 CSC CORPORATE CREDIT CARD TEAM  
 Signature: \_\_\_\_\_ Date: 22/6/09

# Expense Report

MR KEN SMITH  
CCCU-DPC LEVEL 2  
179 NORTH QUAY  
BRISBANE, QLD 4000 AUS  
XXXX-XXXX-XXXX-3245

Posting Date: 31/03/2009 Thru 30/04/2009 (April 2009)



Grand Total 1,175.70

Note:  
(S) Indicates a split transaction  
S Indicates supervisor reviewed  
CH Indicates cardholder reviewed

RTI RELEASE

Signed

Date

Authorized

Date

*N. Elliott* 9/6/09

EQUITY VALET

05/04/2009 12:21:05 Samantha Sadler  
CUSTOMER RECEIPT

Ticket: 051455  
Arrival Date: 04/04/2009 05:19  
Request Date: 05/04/2009 12:21  
Park Charge: 75.00

Services: 0.00  
Discount: 0.00  
CC Fee: 2.20  
Total: 77.20 ✓  
GST Included: 7.01  
\*\*\* Tax Invoice \*\*\*

①  
MASTERCARD  
R KEN SMITH  
Card Number: \*\*\*\*\*3245  
Amount: 77.20  
Approved: 755554

THANK YOU FOR USING OUR VALET  
SERVICE. PLEASE CALL 07 3867 3247  
FOR ANY QUESTIONS OR COMMENTS.  
ARN: 73 129 112 894

# gianni restaurant

TABLE 14  
PERSON 5

SCALLOPS	42.00
2x BARRAMUNDI	43.00
BEEF	85.00
-FOOD	46.00
	174.00--
SAN PEL PANNA	12.00
SAN PEL SPK MIN	12.00
LONG BLACK	5.00
2x FLAT WHITE	10.00
EARL GREY TEA	4.50
PEPPERMINT TEA	4.50
-BEVERAGE	48.00--

SPECIAL FISH  
-ALCOHOL 43.00

SUBTOTAL 265.00 ✓

G.S.T. 24.09

RTI RELEASED