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Department of the Premier and Cabinet 19/33/14

Document Number: 19/33/14

| MINISTERIAL OFFICES  EXPENDITURE APPROVAL  |             |                                |                |              |
|--|-------------|--------------------------------|----------------|--------------|
| Ministerial Office: Offul of the   | Premier     |                                |                |              |
| Financial Year: 2013/14  |             | Urgent payment                 | required by: / | / 20         |
| Return Cheque to:  |             | Phone:                         |                | <del> </del> |
| PAYG: Yes / No   |             |                                |                |              |
| VENDOR (name of person/business to be paid)  | - PARTIGU   | JLARS                          | AMOUNT         |              |
| D.P.C.   | petty Cash. |                                | \$113.10       |              |
|  | . (         | TOTAL<br>GST exclusive)        | \$             |              |
|  |             | GST Amount                     | \$             |              |
|  |             | OVAL TOTAL:<br>(GST inclusive) | \$ 213.10      |              |
| I certify that:  Expenditure is approved and in accordance with the Queensland Ministerial Handbook;  All supporting documentation is attached;  Where applicable a valid Tax Invoice is attached;  The purpose of any travel or entertainment is related to official business (unless specifically detailed); and  When guests are not assisting the Minister details of cost recovery are attached.  APPROVED: Signature  Name (please print)  PREPARED BY: Name (please print)  Phone 3719 7013 |             |                                |                |              |
| MINISTERIAL SERVICES OFFICER:   certify=t/rar   approved ty-sompatent authority  |             |                                |                |              |

Claims for Domestic Travel - See Overleaf

| PROCEDUR   | ES FOR   | COMPLE   | TING EXPENDIT   | TURE APP  | ROVAL:   |                                   |   |
|--|--|--|---|---|--|-----------------------------------|---|
| (a) N<br>(b) C<br>(c) F<br>(d) V<br>(e) P<br>(f) A<br>(g) C<br>(h) P<br>2. Attach<br>approv<br>3. Only c<br>4. The M | Inisterial of the character of the chara | Office Je is required to the control of approperation of approperation of approperation of approperation approperation approperation approperation approperation approperation approperation of approperation approprietable approperation approperation approperation approprietable approperation approperation approprietable approprietabl | wing areas on the  ired (If urgent pa 1997/98) of person/busines of description of go<br>ORTANT that this  ving person  ots, invoices, enter  ear on an Expenditure | ayment red<br>ss to be pa<br>goods/serv<br>s is given | uired), or leavid) id) ices) initial orms, takei   | forms e                           | tc. to this expenditure   |
| DOMESTIC   | TRAVE  | _ CLAIM  |   | 245   | EP 2013  |                                   | )<br>   |
|  | INCIDEN  | TĂL ALLO   | OWANCE  | L., 12  | / <b>6</b> =                                       | AL ALL                            | OWANCE  |
| Officer is av  | vay from tl<br>Rates are s<br>Ministeria   | heir norm:<br>set out in t   | vable where an<br>al place of duty<br>the Ministerial<br>s should be  | with<br>Ser<br>the<br>det                             | the Ministeri<br>vices should t<br>individual Offi | al Handi<br>pe conta<br>icer's re | e payable in accordance<br>book. Ministerial<br>acted for details. It is<br>sponsibility to<br>e is entitled to claim |
| Date of Tra  | vel:   | From:  |   |   | <u>()</u>  | Го:                               |   |
| DATE   | EREA   | KFAST  | - LUNGH   | DINNER  | # NGIDE  | NTAL                              | AMOUNT CLAIMED  |
|  |  |  | 4   |   | ľ  |                                   |   |
|  |  |  |   | )   |  |                                   |   |
| , , , , , ,  |  |  |   |   |  |                                   |   |
| CACADAMADA   |  |  |   |   |  |                                   |   |
|  | <del></del>  | (  |   |   | <b>.</b>   | OTAL                              |   |
|  |  | On   | <del>\</del>  | -   |  | UIAL                              | <u> </u>  |
| <b>CERTIFICA</b>   | i/E*(0)E(0)  | FICER C  | LAIMING INCID   | ENTAL A   | D/OR MEAL  | ALH OV                            | VANCE   |
| I certify that  I have  The tra  Handb I have  | not previousely for the gok; and not claime  | usly claim<br>above m  | ned this allowance<br>entioned period to<br>the ces on this form  | e for the a<br>was for Of                             | ove period;<br>icial purposes                      | as defi                           | ned in the Ministerial  |
| Signature: _   | *  |  |   |   | Date:  |                                   |   |
| NOTE: This   | form is n  | ot valid ur  | nless signed by th  | ne person   | claiming the a                                     | llowanc                           | e   |

Last updated: November 2011 Page 2 of 2

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Department of the Premier and Cabinet

|   | MINISTERIAL OFFIC<br>XPENDITURE APPR                                      | TOTAL CONTROL OF THE PROPERTY. |                      |
|---|---|--------------------------------|----------------------|
|   |   | <del></del>                    | <u></u>              |
| linisterial Office: Attorney-Gener  | • •   |                                |                      |
| inancial Year: 2012 - 2013 - 19   |   |                                | ed by: 21 / 10/ 201: |
| Return Cheque to:   | St News Ph  | one: <u>3236</u>               | 833                  |
| AYG: Yes / No   |   |                                |                      |
| VENDOR (name of person/business to be paid)   |   | irs :                          | AMOUNT               |
| 3,60,00 St NBNS   | newspape<br>milk + de   | viveny                         | 3179.80              |
|   | ro office   |                                |                      |
|   | (GS   | TOTAL \$                       |                      |
|   | G   | ST Amount \$                   |                      |
|   | , ( / / / ( )   | AL TOTAL: \$                   | 179.80               |
| I certify that:   |   |                                |                      |
| <ul> <li>Expenditure is approved and in</li> <li>All supporting documentation is</li> <li>Where applicable a valid Tax Ir</li> <li>The purpose of any travel or er detailed); and</li> <li>When guests are not assisting</li> </ul> | attached;<br>ivoice is attached;<br>itertainment is relat <sup>s.73</sup> |                                | rial Handbook;       |
| APPROVED: Signature:  |   |                                |                      |
| Name (please print):  | d traser/   | ·                              | 2.10.13              |
| PREPARED BY: Name (please pr  | rint): Shannon Ponting  | Date: _                        | 02.10.13             |
| PI  | none: (07) 323 <mark>9 6413</mark>  | ·<br>                          |                      |

| * approved by competent authority:  * verification of goods supplied/services rendered;  * price or rate of charge correct;  * discounts/allowances correct;  * expenditore is recorded against the correct codes |
|---|
| * approved by competent authority:  * verification of goods supplied/services rendered; * not previously paid;  * price or rate of charge correct:  * invoices/requisitions attached; and                         |
| * approved by competent authority:  * arithmetically correct;  * verification of goods supplied/services rendered;  * not previously paid;  |
| 【注意表示解析的表示解析的是是自己的主义是是自己的主义是是自己的主义的主义和,这个主义和自己的主义和自己的主义和自己的主义和自己的主义和自己的主义和自己的主义和  |
| 【注意表示解析的表示解析的是是自己的主义是是自己的主义是是自己的主义的主义和,这个主义和自己的主义和自己的主义和自己的主义和自己的主义和自己的主义和自己的主义和  |
| I certify that  |

Claims for Domestic Travel - See Overleaf

Date:

| BBAAEBUBEA |        |                               |   |
|------------|--------|-------------------------------|---|
| PROCEDURES | FOR CO | MPLETING EXPENDITURE APPROVAL | • |

- Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- 3. Only one vendor can appear on an Expenditure Approval.
- 4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

#### **DOMESTIC TRAVEL CLAIM**

| INCIDENTAL ALLOWANCE   | MEAL ALLOWANCE   |
|--|--|
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details. | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |

| Date of Trave | l: From:                    | · .          | (O)    | To:        |        |         |
|---------------|-----------------------------|--------------|--------|------------|--------|---------|
| DATÉ          | BREAKFAST                   | LUNCH        |        |            |        |         |
|               | DNEANFAST                   | LUNG         | DINNER | INCIDENTAL | AMOUNI | CLAIMED |
|               |                             |              | >      | · .        |        |         |
|               |                             |              | ·      |            |        |         |
|               |                             | (O)          |        |            |        |         |
|               |                             | <b>(</b> 46) |        |            |        |         |
|               | $\mathcal{O}_{\mathcal{L}}$ | 9.)          |        | TOTAL      |        |         |

| CERTIFICATE                  | OF OFFICER CLAIMING INCIDENTAL AND/OR MEAL ALLOWANCE   |
|------------------------------|--|
| The trave Handbool I have no | previously claimed this allowance for the above period; I for the above mentioned period was for Official purposes as defined in the Ministerial c; and I claimed allowances on this form for trips where the actual cost of meals or dation were met from another government source e.g. conference or airline meals. |
| Signature:                   | Date:  |
| NOTE: This fo                | rm is not valid unless signed by the person claiming the allowance.  |

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- 3 OCL 5013

MIMIZIERIAL SERVICES

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RTID2<del>24:pdf - Page Nu</del>mber: 15 of 431

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## Department of the Premier and Cabinet

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|-----|-----|----|----|
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|  | Document Number:                                | 19/33271               |  |  |  |
|--|---|------------------------|--|--|--|
|  | MINISTERIAL ØFFIGES<br>(PENDITURE APPROVAL      |                        |  |  |  |
| Ministerial Office: Treasurer and M  | linister for Trade                              |                        |  |  |  |
| Financial Year: 2013/2014  | Urgent paymen                                   | t required by: // / 20 |  |  |  |
| Return Cheque to:  | Phone:  |                        |  |  |  |
| PAYG: Yes / No   |   |                        |  |  |  |
| VENDOR (name of person/business to be paid)  | PARTICULARS                                     | AMOUNT                 |  |  |  |
| Eagle St News  | Newspapers – 2 September –<br>29 September 2013 | \$343.40               |  |  |  |
|  |   |                        |  |  |  |
| (GST exclusive) \$   |   |                        |  |  |  |
|  | GST Amount                                      | \$                     |  |  |  |
|  | APPROVAL TOTAL:<br>(GST inclusive)              | \$343.40               |  |  |  |
| <ul> <li>I certify that:</li> <li>Expenditure is approved and in accordance with the Queensland Ministerial Handbook;</li> <li>All supporting documentation is attached;</li> <li>Where applicable a valid Tax Invoice is attached;</li> <li>The purpose of any travel or entertainment is related to official business (unless specifically detailed); and</li> <li>When guests are not assisting the Minister details of cost recovery are attached.</li> <li>APPROVED: Signature</li> </ul> |   |                        |  |  |  |
| AFFROVED. Signature  |   |                        |  |  |  |

| Name (please p   | orint) Jasmi ne       | e Smits         | Date:                   |   |
|------------------|-----------------------|-----------------|-------------------------|---|
| PREPARED BY: N   | ame (please print) Ja | asmine Smits (C | Office Manager) Date: 1 | /10/13  |
|                  | Phone (               | 07 3719 7207    |                         |   |
| MINISTERIAL SERV | CES OFFICER:          |                 |                         | e de la companya de |

| MINISTERIAL SERVICES OFFICER:   |   |
|---|---|
| I demiy hat   |   |
| * approved by competent authority   | * arithmetically correct,   |
| verification of goods supplied/services rendered<br>  price of rate of change correct |   |
| † discounts/allowances correct:   | <ul> <li>invoices/requisitions attached, and</li> <li>expenditure is recorded against the correct codes;</li> </ul> |
| Signature / ///////   | 1111  |
| Date 08/10/15   | Walan   |
| 08//V/1/9   |   |
| A Claime for Domoetic Traval See Overland   |   |

## PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL: Please complete the following areas on the front of this form: (a) Ministerial Office (b) Date cheque is required (If urgent payment required), or leave blank (c) Financial Year (e.g. 1997/98) (d) Vendor (i.e. name of person/business to be paid) (e) Particulars (give brief description of goods/services) (f) Amount (VERY IMPORTANT that this is given) (g) Certificate of approving person (h) Prepared by details Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure Only one vendor can appear on an Expenditure Approval. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel. DOMESTIC TRAVEL CLAIM MEAL ALÉOWANGE INCIDENTAL ALLOWANCE The Incidental Allowance is payable where an Meal allowance rates are payable in accordance Officer is away from their normal place of duty with the Ministerial Handbook. Ministerial overnight. Rates are set out in the Ministerial Services should be contacted for details. It is Handbook. Ministerial Services should be the individual Officer's responsibility to contacted for details. determine whether he/she is entitled to claim this allowance. Date of Travel: From: To: DATE BREAKFAST LUNCH DINNER INCIDENTAL AMOUNT CLAIMED TOTAL CERTIFICATE OF OFFICER CLAIMING INCIDENTAL AND/OR MEAL ALLOWANCE I certify that: I have not previously claimed this allowance for the above period; The travel for the above mentioned period was for Official purposes as defined in the Ministerial Handbook, and I have not claimed allowances on this form for trips where the actual cost of meals or

NOTE Withissformais 30 twalies unless signed by the person claiming the allowance. -8 OCT 2013

Signature:

Last updated: November 2011

accommodation were met from another government source e.g. conference or airline meals.

Date:

Department of the Premier and Cabinet

|   | Document Number:                             | 1/133240                                 |
|---|--|--|
|   | MINISTERIAL OFFICES                          |  |
|   | PENDITURE APPROVAL                           |  |
| Ministerial Office: Premia  | WS   |  |
| Financial Year: 2013/14   | Urgent paymen                                | t required by: / / 20                    |
| Return Cheque to:   | Phone:                                       | ()                                       |
| PAYG: Yes / No  | · · · · · · · · · · · · · · · · · · ·        |  |
| VENDOR<br>(name of person/business to be paid)  | PARTICULARS                                  | AMOUNT                                   |
| Lee Anothreas  (as per Kirsten via phone 09/10/15)  6098633   | ensertainment<br>claim lafe Envy<br>30/09/13 | \$ 49.40                                 |
| 6098633   | (GST exclusive)                              | \$                                       |
|   | GST Amount                                   | \$                                       |
|   | APPROVAL TOTAL:<br>(GST inclusive)           | \$ 49.40                                 |
| <ul> <li>All supporting documentation is at</li> <li>Where applicable a valid Tax Invo</li> <li>The purpose of any travel or enter<br/>detailed); and</li> </ul>  |  | ness (unless specifically                |
| Name (please print)   | Date:  |  |
| PREPARED BY: Name (please print   | 1000   | e: <u>09/10/13</u>                       |
| MINISTERIAL SERVICES OFFICER: I certify that:  * approved by competent authority:  * verification of goods supplied/services  * price or rate of charge correct;  * discounts/allowances correct;  Signature: | * invoices/requisitions att                  | ached; and<br>Lagainst the correct codes |

Claims for Domestic Travel - See Overleaf

Date:

Procedures for Completing Expenditure Approval - See Overleaf

|                                       | 1105214  | Eliza print on Bink Bone   |
|---------------------------------------|--|--|
| MINISTERIAL OFFI                      | CE office of the Premi   | Please print on Pink Pape  △───────────────────────────────────  |
| VENUE                                 | fe Envy  | COST OF FUNCTION (GST inclusive) \$ 47.40  |
| REASON FOR HOS                        | PITALITY and its connection  | with official duties in accordance with Ministerial Handbook  Coast Daily to discuss Wata Issuer                       |
|                                       |  |  |
|                                       | people for whom expenditu  | re was incurred * Include Self #/Include employee associate  |
| Column 1                              | Column 2   | Column 3 Column 4  |
| 0                                     |  |  |
|                                       | Name of Participants   | Organisation of Participants   |
| lee Ander                             |  | Premiev's  |
| Daven B                               | urnett   | Sonshine Coast Daily.  |
| ** See overleaf for                   | more lines. Attach additional pa   | neif necessary (eg. queet liet)  |
| CEES IT I CARTON CAN                  | Harring to the Landing polyther property and the control of the co | gen necessary (eg. guest rist)   |
| Certification of Clair                | mant:  | Approval of Expenditure:   |
| purposes in accordar                  | 707 1.10.  | ails in  |
| (If claimant is Minister<br>Approval) | r, this signeture will suffice for Expen   | nditure  |
| comedia con                           | <u>Po</u> dijenijonisti sijankandi.  | I si broakgown   |
| Col (1) + Col (2) x<br>Col (4)        | Total Cost ≕ Amou<br>Balance   | unt subject to FBT (use account code 53030 for FBT Component)  = Amount not subject to FBT Code to 53010 (tax code P4) |
| 0                                     | 0.00 \$ #DIV/0!  | = \$ #DIV/0! (53030)   |
| 0                                     | Balance  | $= \frac{\$ \# DiV/0!}{\$ \# DiV/0!} $ (53010) Total 0.00  |
|                                       | 25.52  | {Code balance (53010) to P4} Last Updated: May 2006 Page 1 of 2  |

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|------------------------------|--------|----------|----------|-------|

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|--|--|----------|--|--|--|
|  | Document Number:                         | 19/33629 |  |  |  |
|  | MINISTERIAL OFFICES  KPENDITURE APPROVAL |          |  |  |  |
| Ministerial Office: Treasurer and M  | linister for Trade                       |          |  |  |  |
| Financial Year: 2013/2014 Urgent payment required by: / /  |  |          |  |  |  |
| Return Cheque to:  | Phone:                                   |          |  |  |  |
| PAYG: Yes / No   |  |          |  |  |  |
| VENDOR<br>(name orperson/business to be paid).   | PARTICULARS                              | AMOUNT   |  |  |  |
| Eagle St News  | Newspapers – 30 Sept to 3 Nov 2013       | \$414.95 |  |  |  |
|  | TOTAL (GST exclusive)                    | \$       |  |  |  |
|  | GST Amount                               | \$       |  |  |  |
| APPROVAL TOTAL: \$414.95   |  |          |  |  |  |
| I certify that:  Expenditure is approved and in accordance with the Queensland Ministerial Handbook;  All supporting documentation is attached;  Where applicable a valid Tax Invoice is attached;  The purpose of any travel or entertainment is related to official business (unless specifically detailed); and  When guests are not assisting the Minister details of cost recovery are attached.  S.73 Signature  APPROVED: Signature |  |          |  |  |  |
| Name (please print) Smits Date: 1.11.13  |  |          |  |  |  |
| PREPARED BY: Name (please print) Jasmine Smits (Office Manager) Date: 1/11/13  Phone 07 3719 7207  |  |          |  |  |  |
| MINISTERIAL SERVICES OFFICER: For-tiny right approved by competent authority ventication of goods supplied/service place of a charge correct discotints/allowances correct Signature   | * invoices/requisitions a                |          |  |  |  |

Claims for Domestic Travel - See Overleaf

| Procedures for Completing Expenditure Approval - See Overleaf  PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:  |                      |                |  |  |  |
|---|----------------------|----------------|--|--|--|
| 1. Please complete the following areas on the front of this form:  (a) Ministerial Office  (b) Date cheque is required (If urgent payment required), or leave blank  (c) Financial Year (e.g. 1997/98)  (d) Vendor (i.e. name of person/business to be paid)  (e) Particulars (give brief description of goods/services)  (f) Amount (VERY IMPORTANT that this is given)  (g) Certificate of approving person  (h) Prepared by details  2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval  3. Only one vendor can appear on an Expenditure Approval.  4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel. |                      |                |  |  |  |
| DOMESTIC TRAVEL CLAIM   |                      |                |  |  |  |
|   | INCIDENTAL ALLOWANCE | MFAL ALLOWANCE |  |  |  |
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details.  Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance.  |                      |                |  |  |  |
|   |                      | ( \ *U )       |  |  |  |

| Date of Travel: | From:      |             | То:        | ·                                     |
|-----------------|------------|-------------|------------|---------------------------------------|
| DATE            | AKFAST L   | UNCH DINNER | INCIDENTAL | SAMOUNT CLAIMED                       |
|                 |            |             |            | · · · · · · · · · · · · · · · · · · · |
|                 |            |             |            |                                       |
|                 |            |             |            |                                       |
|                 |            | 70          |            |                                       |
|                 | $\bigcirc$ |             | TOTAL      |                                       |

MINISTERIAL SERVICES

Last updated: November 2011 Page 2 of 2

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Department of the Premier and Cabinet MSB004

|  | Document Number:  | 11/300-                                       |
|--|---|---|
|  | ISTERIAL OFFICES  NDITURE APPROVAL  |   |
| Ministerial Office: Office of the Pr   | emier   |   |
| Financial Year: 2013 14  | Urgent paymen   | t required by: / / / 20                       |
| Return Cheque to:  | Phone:  |   |
| PAYG: Yes / No   |   |   |
| VENDOR: (name of person/business to be paid)   | * PARTIGULARS   | AMOUNT  |
| Lee Anderson.  | ledia Meeting.  | \$ <b>5</b> 0                                 |
|  | TOTAL<br>(GST exclusive)  | \$  |
|  | GST Amount  | \$  |
|  | APPROVAL TOTAL:<br>(GST inclusive)  | \$ 50   |
| Expenditure is approved and in account of the supporting documentation is attacted.     All supporting documentation is attacted.     Where applicable a valid Tax Invoice.     The purpose of any travel or entertadetailed); and     When guests are not assisting the Name (please print)  APPROVED: Signature  Name (please print)  PREPARED BY: Name (please print) | ched; e is attached; inment is related to official busi finister details of cost recovery nature  Date: | ness (unless specifically are attached.       |
| \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   | 3719 7013   |   |
| Ministerial Services (deeticer   |   |   |
| l certify the (  1 approved by competent authority  2 verification of goods supplied/services ref  2 price of rate of charge correct  3 discounts/allowances correct  Signature:   | 📈 👚 invoices/requisitions a   | ttached, and<br>id against the correct codes. |

Claims for Domestic Travel - See Overleaf

#### PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) **Vendor** (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- 3. Only one vendor can appear on an Expenditure Approval.
- 4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

#### DOMESTIC TRAVEL CLAIM

## INCIDENTAL ALLOWANCE The Incidental Allowance is payable where an Meal allowance rates are payable in accordance Officer is away from their normal place of duty with the Ministerial Handbook. Ministerial overnight. Rates are set out in the Ministerial Services should be contacted for details. It is Handbook. Ministerial Services should be the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. To: Guests: staff x 1 Chappel 10 x 1 INCIDENTAL AMOUNT GLAIMED Cost: \$50.00 |52\$16.67 Peason: discuss rudg TOTAL Voucher I Cert Webgra NG INCIDENTAL AND/OR MEAL ALLOWANCE Worrectly s allowance for the above period; ed period was for Official purposes as defined in the Ministerial this form for trips where the actual cost of meals or nother government source e.g. conference or airline meals. Date: <u>ΣΕΣ ΤΗΙΝ ΙΟΙΤΗ ΙΝ ΠΟΙ VAIIQ UTHESS Signed by the person claiming the allowance</u>

3 0 OCT 2013

Last updated: November 2011 Page 2 of 2

| MINISTERIAL O  | Prevented Preven | nier S  | · · · · · · · · · · · · · · · · · · ·   | DATE OF FUN   | e print on Pink Pa<br>ction 25/10/201   |
|--|--|---|---|---|---|
| VENUE  | The Gror   | <u>U</u>  | CO  | ST OF FUNCTION  | (GST Inclusive) \$ 0.00   |
| REASON FOR H   | HOSPITALITY  | and its connection w  | rith official duties  | in accordance with  | n Ministerial Handbook  |
| meeting wi   | th Premier   | 3 Journalist  | to discus   | s Media 1   | ssvet.  |
| <u> </u>   | Trend to the tree  |   |   | p   |   |
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| e Lee Ano  |  | Participant <del>s</del>  |   | Organisation  PVLMIEN   | of Participants   |
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| ** See overlea   | f for more lines   | . Attach additional pag   | e if necessary (eg.   | guest list)   |   |
| ** See overlea   |  |   | e if necessary (eg.   | guest list)   |   |
| Certification of   | ANDARER<br>Claimant:   | OVAL TO STANK   | Appro   | oval of Expenditur  |   |
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| Certification of a rtify that the a poses in account the information to the evis.73 Signature  Signature of ( (If claimant is Min Approval)  If the Use Of W   | Claimant: above hospital ordance with the fon above represent.  Claimant  Claimant   | Date  ICN - FBT and Non  Cost - Amoun   | Appro The al accord signal diture  B breakdown  at subject to FBT   | boval of Expenditure is dance with the Minimus Aure of Minister Premier                               | s approved for payment in isterial Handbook.  -29/19/2013 Date  = 53030 for FBT Componede to 53010 (tax code P4)  |

## EMINISTERIAL SERVICES HOSPITALITY CERTIFICATION

| MINISTERIAL OFFICE New   | ner's  | Pleáse<br>DATE OF FUNC          | print on Pink Paper TION 25/10/20/3  |
|--|--|---------------------------------|--|
| VENUE The Grove  |  | COST OF FUNCTION                | <del></del>  |
| REASON FOR HOSPITALITY   | and its connection with offic  | ial duties in accordance with I | Ministerial Handbook   |
| meeting with Premier   | 3 Journalist to  | discuss Media Is                | Svest.   |
| <u> </u>   | 11-16  | Andrian Andrian Andrian         |  |
| **************************************   | - NUMBER -  |                                 |  |
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| ATTENDEES: Only people for   |  |                                 | # Include employee associates  |
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| Premier Campbell   | Newman.  | Premier's                       |  |
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| SPT-5-A distribution consequence of the second consequence of the seco | Attach additional page if neces  | sary (eg. guest list)           |  |
| CERTIFICATION AND APPRO  | VALENTA IN THE STATE   |                                 |  |
| Certification of Claimant:   | V was for affinal  | Approval of Expenditure:        |  |
| <b>y</b>   |  | 4 16 67 1-                      | o Newman   |
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| 530009/ W  | WHEOI PN   | \$ 16.66 0.                     | 1 Newman   |
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Last Updated: May 2006 Page 1 of 2

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**Department of the Premier and Cabinet** 

**Document Number:** 

Ministerial Office: Attorney-General and Minister for Justice

**Financial Year: 2013 – 2014** 

Urgent payment required by: 24 // 1 / 2013

Return Cheque to: <u>George Smoet New</u>Phone: <u>3236 SS</u>

PAYG: Yes / No

| VENDOR<br>(name of person/business to be paid) | PARTICULARS                        | AMOUNT   |
|--|------------------------------------|--|
| George Struer                                  | Newspapers a                       | \$196.10   |
| , Sevs   | actively to office                 |  |
|  | LTOTAL<br>(GST exclusive)          | \$   |
|  | GST Amount                         | \$<br><u>.                                    </u> |
|  | APPROVAL TOTAL:<br>(GST inclusive) | \$<br>196.10                                       |

| I certify that:  |  |
|--|--|
| <ul> <li>Expenditure is approved and in accordance with the Queensland Ministerial Handbook;</li> </ul>          |  |
| All supporting documentation is attached;  |  |
| Where applicable a valid Tax Invoice is attached;  |  |
| • The purpose of any travel or entertainment/is related to official business (unless specifically detailed); and |  |
| When guests are not assisting the Minister details of cost recovery are attached.  s.73 Signature                |  |
| APPROVED: Signature:   |  |
| Name (please print): David Frosev Date: 06-11-13   |  |
| PREPARED BY: Name (please print): Shannon Ponting Date: 06.11.13   |  |
| Phone: (07) 3239 6413  |  |

| MINISTERIAL SERVICES OFFICER                      |   |
|---|---|
| Licertify that                                    |   |
| * approved by competent authority;                | *-arithmetically correct                            |
| verification or goods supplied/services rendered; | , * not previously paid;                            |
| * price or rate of charge correct:                | * invoices/requisitions attached; and               |
| * discounts/allowances correct                    | * expenditure is recorded against the correct codes |
| Signature / MMM//                                 | W A   |
| Date: 07/11/13                                    | 1/07/1/3  |

Claims for Domestic Travel - See Overleaf

| PROCEDURES FOR COMPLETING EXPENDITURE APPROVA | NG EXPENDITURE APP | PROVAL |
|---|--------------------|--------|
|---|--------------------|--------|

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) **Vendor** (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- Only one vendor can appear on an Expenditure Approval.
- 4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

#### **DOMESTIC TRAVEL CLAIM**

| INCIDENTAL ALLOWANCE   |           |       |                           |                                       | MEAL AL  | LOWANCE  |
|--|-----------|-------|---------------------------|---------------------------------------|--|--|
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details.   |           |       | with<br>Ser<br>the<br>det | n the M<br>vices s<br>individ         | iristerial Hand<br>hould be cont<br>ual Officer's r<br>whether he/s  | e payable in accordance blook. Ministerial tacted for details. It is esponsibility to he is entitled to claim  |
| Date of Trave  |           |       |                           |                                       | То:  |  |
| DATE   | BREAKFAST | LÜNCH | DINNEF                    | t   1                                 | NCIDENTAL  | AVOUNT CLAIME  |
|  |           |       |                           | · · · · · · · · · · · · · · · · · · · |  |  |
| TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER |           |       |                           |                                       | TO THE STATE OF TH |  |
|  |           |       |                           |                                       |  | The state of the s |
| п-принциний в  | <u> </u>  |       |                           |                                       | TOTAL  |  |
|  |           |       |                           |                                       |  |  |

| CERTIFICATE OF OFFICER CLAIMING INCIDENTAL A  | ND/OR MEAL ALLOWANCE   |
|---|--|
| I certify that:  I have not previously claimed this allowance for the at the travel for the above mentioned period was for On Handbook; and  I have not claimed allowances on this form for trips was accommodation were met from another government. | fficial purposes as defined in the Ministerial where the actual cost of meals or |
| Signature:  | Date:  |
| NOTE: This form is not valid unless signed by the person  | claiming the allowance.  |

MINISTERIAL SERVICES

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Last updated: November 2011 Page 2 of 2

Please print on yellow paper

Department of the Premier and Cabinet MSB004

Decument Number: 19/3/373

| MINISTERAL OFFICES TO  |                             |
|--|-----------------------------|
| EXPENDITURE APPROVAL   |                             |
| Ministerial Office: <u>Premier's Office</u>  |                             |
| Financial Year: 20/2-/3 Urgent paymen  | t required by: / / 20       |
| Return Cheque to: Phone:   |                             |
| PAYG: Yes / No   |                             |
| VENDOR (mame of person/business to be paid)  | AMOUNT                      |
| Petty Cash reconciliation  | \$206.65                    |
| TOTAL<br>(GST exclusive)   | \$                          |
| GST Amount   | \$                          |
| APPROVAL TOTAL: (GST inclusive)  | \$ 206.65 /                 |
| I certify that:  • Expenditure is approved and in accordance with the Queensland No.  • All supporting documentation is attached;  • Where applicable a valid Tax Invoice is attached;  • The purpose of any travel or entertainment is related to official bust detailed); and  • When guests are not assisting the Minister details of cost recovery  APPROVED: Signature  Name (please print)   ### PREPARED BY: Name (please print)  Phone   ################################### | siness (unless specifically |
| MINISTER ALL SERVICES OFFICER:  Legitify that.  Lapproved by competent authority:  Legitify that.  Larithmetically correct,  Verification of goods supplied/services rendered;  Price or rate of charge correct.  Larithmetically correct,  invoices/requisitions;  discounts/allowances correct;  expenditure is record.  |                             |
| Signature: Nor Signature: 12/5/5 31/05   | //3                         |

| PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL: |
|---|
|---|

- Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- Only one vendor can appear on an Expenditure Approval.
- The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

| DOMESTIC TRAV  | EL CLAIM                           |   | ninini esimishi da   |  |   |
|--|------------------------------------|---|--|--|---|
| - NGIDE  | NTALFALEO)                         | VANCE                                     |  | MEAL ALLO  | WANCE                                   |
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details. |                                    | with the<br>Service<br>the indi<br>determ | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |  |   |
| Date of Travel:  | From: [                            |   |  | То:  |   |
| PANE BY BRIE   | AKEAST -                           | EUNCH                                     | DINNER   |  | AMODINE CERTAINE                        |
|  |                                    |   | $\Rightarrow$  |  |   |
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|  | C                                  | <u>)</u>                                  |  | TOTAL  | , |
|  | (70)                               |   |  |  |   |
| CERTIFICATE OF   | officen CL                         | AIMING INCIDE                             | NTAL AND/  | DR MEAL ALLOWA   | NCE TO THE                              |
| The travel for the Handbook, and I have not claim accommodation  | he/above mei<br>I<br>ned allowance | es on this form fo                        | as for Official<br>or trips where  | e period;<br>purposes as define<br>the actual cost of no<br>ce e.g. conference o | neals or                                |
| Signature:   | <del></del>                        |   | Da   | te:  |   |

Ministerial Services 2 7 MAY 2013

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Last updated: November 2011

Page 2 of 2

NOTE: This form is not valid unless signed by the person claiming the allowance.

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**Department of the Premier and Cabinet** 

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| oer:    |     | <u> </u> | 39199 |
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| ıment Number: | 11-11 397               | 1-1                                     |
|---------------|-------------------------|---|
|               |                         |   |
|               |                         |   |
| Urgent payme  | ent required by: /      | / 20                                    |
| Phone:        |                         | <u> </u>                                |
|               | E APPROVAL Urgent payme | E APPROVAL  Urgent payment required by: |

PAYG: Yes / No

| VENDOR (name of person/business to be paid) | PARTICULARS                     |      | AMOUNT  |
|---|---------------------------------|------|---------|
| Kirsten Forward                             | mosting                         | 7    | \$26.80 |
|   | TOTAL<br>(GST exclusive)        | \$\$ | 24.36   |
|   | GST Amount                      | \$   | 2.44    |
|   | APPROVAL TOTAL: (GST inclusive) | \$   | 26.80   |

| i certify that:   |
|---|
| <ul> <li>Expenditure is approved and in accordance with the Queensland Ministerial Handbook;</li> </ul> |
| All supporting documentation is attached;   |
| Where applicable a valid Tax Invoice is attached;   |
| The purpose of any travel or entertainment is related to official business (unless specifically         |
| detailed); and  |
| When guests are not assisting the Minister details of cost recovery are attached.                       |
| s.73 Signature / Memier's signature   |
| When guests are not assisting the Minister details of cost recovery are attached.    Continue           |
| -   |
| Name (please print) Jacobsov Date: 19/8/13  |
|   |
| PREPARED BY: Name (please print) KIVSTON/FONNAVO Date: 16/08/2013                                       |
| PREPARED BY: Name (please print)  |
| Phone 3224 4363   |
| Priorie 3 4 / 1303  |
|   |

| MINISTERIAL SERVICES O  | )FEICER:                                |  |                         |
|---|---|--|-------------------------|
| Licentify that  | uk auk a                                | The paper of the Market                        |                         |
| <ul> <li>approved by competent at<br/>verification or goods supplied</li> </ul> |   | arithmetically correct: * not previously paid; |                         |
| - brice or rate of charge co  |   | * invoices/requisitions attached               | and                     |
| ் discounts/allowances குர  | ect <sub>i</sub> ya ya sana inda a sana | expenditure is recorded again                  | stathe correct codes to |
| Signature X   | Mar                                     |  |                         |
| Date  | 10913                                   | 1 94/09/13                                     |                         |
|   |   |  |                         |

• Claims for Domestic Travel - See Overleaf

|  | ETING EXPENDITURE |  |
|--|-------------------|--|
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|  |                   |  |
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|  |                   |  |

- Please complete the following areas on the front of this form:
  - (a) Ministerial Office

**Ministerial Services** 

- (b) Date cheque is required (If urgent payment required), or leave blank 9 AUG 2013
- (c) Financial Year (e.g. 1997/98)
- (d) **Vendor** (i.e. name of person/business to be paid)
- (e) Particulars (give brief description of goods/services)
- (f) Amount (VERY IMPORTANT that this is given)
- (g) Certificate of approving person
- (h) Prepared by details
- Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- Only one vendor can appear on an Expenditure Approval.
- The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

#### DOMESTIC TRAVEL CLAIM

| INCIDENTAL ALLOWANCE   | MEAL ALLOWANCE 1   |
|--|--|
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details. | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |

| Date of Travel: | From: | (()>) | To: | · |
|-----------------|-------|-------|-----|---|
|                 |       |       |     |   |

| DATE | BREAKFAST | LUNCH | DINNER  | INCIDENTAL | AMOUNT CLAIMED |
|------|-----------|-------|---|------------|----------------|
|      |           |       |   |            |                |
|      |           |       | <u>)                                     </u> |            | ·····          |
|      |           |       |   |            |                |
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|      |           |       |   |            | ·              |
|      |           | (p)   |   | TOTAL      |                |

#### CERTIFICATE OF OFFICER CLAIMING INCIDENTAL AND/OR MEAL ALLOWANCE

| t | ćer | tifi. | th | ot: |
|---|-----|-------|----|-----|
| • | UEI | uiv.  | ш  | al. |

- I have not previously claimed this allowance for the above period;
- The travel for the above mentioned period was for Official purposes as defined in the Ministerial Handbook, and
- I have not claimed allowances on this form for trips where accommodation were met from another government sour

| Signature: |  |  |  |  |
|------------|--|--|--|--|
|            |  |  |  |  |

NOTE: This form is not valid unless signed by the person cla

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|---|-------------------------------|---|---|--|
| MINISTERIAL OFFICE                                      | <u>'Yemler's</u>              |   | DATE OF FUNCTI  | ON 13/7/13   |
| VENUE The (o)   | fee club                      |   | COST OF FUNCTION (GS  | ST Inclusive) \$   |
| REASON FOR HOSPITAL                                     | . เ<br>ITY and its connection | with officia  | duties in accordance with Mi  | nisterial Handbook   |
| Media Meeting   | NAME WERE                     |   |   |  |
| J   |                               |   | , A TO BE WAY AND AND A TO A T  |  |
|   |                               | rmiger i stjernim Hamile i 1938 kan kalendar i 1950 të. |   |  |
| ATTENDEES: Only people                                  |                               |   |   | nclude employee associates   |
| Column 1  | Column 2                      |   | Column 3  | Column 4   |
|   | SKEPROW ZOO                   |   | and property of a contract of the contract of | ្នារ៉ាស់ខ្លួនប្រើប្រើគ្នាស់ការប្រជាជិកក្រប់។<br>   |
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|   | of Participants               | ***************************************                 | Organisation of   | Participants   |
| Premier Cample  | ell Wewman                    | .,,_,,_,  |   |  |
| Lee Andrewson   |                               |   | office of the Pren  | nev  |
| Chvis Dore  |                               |   | Editor (a) Council  | marl   |
|   | ANTI-PERANG-UNA-ULAA          |   |   |  |
|   | ALC SAUBTHUE                  |   |   |  |
| ** See overleaf for more li                             | nes. Attach additional pa     | age if necess   | ary (eg. guest list)  | THE STATE OF THE S |
|   | PEVANANT VISITE ALLAN         |   |   |  |
| Certification of Claimant:                              |                               |   | Approval of Expenditure:  |  |
| I certify that the above hosp                           | 1 ( ) \                       |   | The above expenditure is ap   |  |
| purposes in accordance wit<br>d the information above i |                               |   | accordance with the Ministe   | паl Handbook.  |
| relation to the event.                                  |                               |   | 1   |  |
| s.73 Signature  | 2010                          | 12  | / //  | 11   |
|   | 1407 29                       | 12 (  | jallan.   | 3/9/2013   |
| Signature of Claimant                                   | Date                          |   | Signature of Minister   | Date /   |
| (If claimant is Minister, this s<br>Approval)           | ignature will suffice for Exp | enditure  | Premier   |  |
| Öljide üse ökkil þattini                                | Anglent-despendent            | u<br>irabilsinai  | <b>o</b> wn   |  |
| Col (1) + Col (2) x Tot                                 | al Cost = Amo                 | unt subject   | o FBT (use account code 53  | 030 for EPT Camesases  |
| Col (4)   | Balance                       |   | nt not subject to FBT Code to   |  |
| 0 0.00  | \$ #DIV/0!                    | = \$ #D(  | //0! <b>(53030)</b>   |  |
| 0   | Balance                       | = \$ #DI  | · · · · · · · · · · · · · · · · · · ·   | otal 0.00  |
|   |                               | <del></del>   |   | Lest Updated: May 2006<br>Page 1 of 2  |

| Name of Participants   | Organisation of Participa | nts      |
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| $\sim$ ( $\checkmark$ 5)   |                           | ···      |

| Ministerial Office: Treasurer and Minister for Trade  Financial Year: 2013/2014  | Please print on yellow paper Department of the Premier and Cabinet MSB004  |  |                           |  |  |
|--|--|--|---------------------------|--|--|
| EXPENDITURE APPROVAL  Ministerial Office: Treasurer and Minister for Trade  Financial Year: 2013/2014  |  | Document Number:   | 19/32823                  |  |  |
| Return Cheque to:  |  |  |                           |  |  |
| Return Cheque to:  | Ministerial Office: Treasurer and M  | inister for Trade  |                           |  |  |
| PAYG: Yes / No  VENDOR (name of person/business to be paid):  Regle St News  Newspapers — 29 July — 1 September 2013  September 2013  September 2013  September 2013  TOTAL (GST exclusive)  GST Amount  APPROVAL TOTAL: (GST inclusive)  Lexpenditure is approved and in accordance with the Queensland Ministerial Handbook; All supporting documentation is attached; All supporting documentation is attached; The purpose of any travel or entertainment is related to official business (unless specifically detailed); and When guests are not assisting the Minister details of cost recovery are attached.  APPROVED: Signature  Name (please print)  PREPARED BY: Name (please print) Jasmine Smits (Office Manager) Date: 3/9/13  | Financial Year: 2013/2014  | Urgent paymen  | t required by: / / 20     |  |  |
| VENDOR ((lame of person business to be poid)  Eagle St News  Newspapers - 29 July - 1 September 2013  Newspapers - 29 July - 1 September 2013  **Al10.95  GST Amount  APPROVAL TOTAL: (GST inclusive)  **Expenditure is approved and in accordance with the Queensland Ministerial Handbook; All supporting documentation is attached; Where applicable a valid Tax Invoice is attached; The purpose of any travel or entertainment is related to official business (unless specifically detailed); and When guests are not assisting the Minister details of cost recovery are attached.  APPROVED: Signature  Name (please print)  PREPARED BY: Name (please print) Jasmine Smits (Office Manager) Date: 3/9/13  | Return Cheque to:  | Phone:   |                           |  |  |
| PARTICULARS   AMOUNT   | THE RESERVE OF THE PARTY OF THE |  |                           |  |  |
| September 2013   Sept | INSENSE PRODUCTION OF A PRODUCTION OF A DESCRIPTION OF A MADE A PRODUCTION OF A CONTRACT OF A CONTRA |  | AMOUNT                    |  |  |
| GST Amount \$  APPROVAL TOTAL: (GST inclusive) \$410.95  I certify that: Expenditure is approved and in accordance with the Queensland Ministerial Handbook; All supporting documentation is attached; Where applicable a valid Tax Invoice is attached; The purpose of any travel or entertainment is related to official business (unless specifically detailed); and When guests are not assisting the Minister details of cost recovery are attached.  APPROVED: Signature  Name (please print)  Date: 5.9.13  PREPARED BY: Name (please print) Jasmine Smits (Office Manager) Date: 3/9/13  | Eagle St News  |  | \$410.95                  |  |  |
| GST Amount \$  APPROVAL TOTAL: (GST inclusive) \$410.95  I certify that: Expenditure is approved and in accordance with the Queensland Ministerial Handbook; All supporting documentation is attached; Where applicable a valid Tax Invoice is attached; The purpose of any travel or entertainment is related to official business (unless specifically detailed); and When guests are not assisting the Minister details of cost recovery are attached.  APPROVED: Signature  Name (please print)  Date: 5.9.13  PREPARED BY: Name (please print) Jasmine Smits (Office Manager) Date: 3/9/13  |  | TOTAL  |                           |  |  |
| APPROVAL TOTAL: (GST inclusive)   \$410.95   |  |  | \$                        |  |  |
| I certify that:  Expenditure is approved and in accordance with the Queensland Ministerial Handbook;  All supporting documentation is attached;  Where applicable a valid Tax Invoice is attached;  The purpose of any travel or entertainment is related to official business (unless specifically detailed); and  When guests are not assisting the Minister details of cost recovery are attached.  APPROVED: Signature  Name (please print)  Date: 5.9.13  PREPARED BY: Name (please print) Jasmine Smits (Office Manager) Date: 3/9/13  |  |  |                           |  |  |
| <ul> <li>Expenditure is approved and in accordance with the Queensland Ministerial Handbook;</li> <li>All supporting documentation is attached;</li> <li>Where applicable a valid Tax Invoice is attached;</li> <li>The purpose of any travel or entertainment is related to official business (unless specifically detailed); and</li> <li>When guests are not assisting the Minister details of cost recovery are attached.</li> <li>APPROVED: Signature</li> <li>Name (please print)</li> <li>Date: 5.9.13</li> <li>PREPARED BY: Name (please print)</li> <li>Jasmine Smits (Office Manager)</li> <li>Date: 3/9/13</li> </ul>   |  |  | \$410.95                  |  |  |
| Name (please print) Spins Date: 3.9.13  PREPARED BY: Name (please print) Jasmine Smits (Office Manager) Date: 3/9/13   | <ul> <li>Expenditure is approved and in a</li> <li>All supporting documentation is a</li> <li>Where applicable a valid Tax Inv</li> <li>The purpose of any travel or ente detailed); and</li> <li>When guests are not assisting the s.73 Signatu</li> </ul>  | attached; roice is attached; ertainment is related to official busi ne Minister details of cost recovery | ness (unless specifically |  |  |
|  |  |  |                           |  |  |
| Phone 07 3227 8443   |  |  |                           |  |  |
|  |  | TIO OI OLLI UTTO   |                           |  |  |
| MINISTERIAL SERVICES OFFICER:  I sectify that:  * approved by competent authority:  * verification of goods supplied/services rendered;  * inot previously paid;  * price or rate of charge correct;  * involces/requisitions attached, and  * discounts/allowances correct:  * expenditure is recorded against the correct cordes   | leerthy that  * approved by competent authority  * ventication of goods supplied/services  * price or rate of charge correct;  | s rendered; * hot previously paid;<br>* linvolces/requisitions a   |                           |  |  |
| Signature: 1 (a) 1/3 (a) 1/3 (b) 1/3   | Signature: Who   | experientine is recorde  | Licalis                   |  |  |

Claims for Domestic Travel - See Overleaf

| PROCEDURES | FOR | COMPL | ETING | <b>EXPENDITURE</b> | APPROVAL: |
|------------|-----|-------|-------|--------------------|-----------|
|------------|-----|-------|-------|--------------------|-----------|

- Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- Only one vendor can appear on an Expenditure Approval. 3.
- The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

#### DOMESTIC TRAVEL CLAIM

| INCIDENTAL ALLOWANCE   | MEAL ALLOWANCE   |
|--|--|
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details. | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |

| Date of Travel: | From:     | . (()      |           | To:         |             |      |
|-----------------|-----------|------------|-----------|-------------|-------------|------|
| DATE BRE        | AKFAST LI | JNCH DINNE |           | P*X 1 100 X |             | 2000 |
| DAL DAL         | ANDROI LI | MON DIMM   | n   Inuiu | ENIAL       | MOUNT CLAII | WED. |
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|                 |           | <u> </u>   |           |             |             |      |
|                 |           |            |           |             |             |      |
|                 |           |            |           | 707 A       |             |      |
| 74              |           |            |           | TOTAL       |             |      |

| CERTIFICATE OF OFFICER CLAIMING INCIDE                             | NTAL AND/OR MEAL ALLOWANCE                             |
|--|--|
| Handbook; and<br>  " I have not claimed allowances on this form fo | as for Official purposes as defined in the Ministerial |
| Signature:   | Date:  |
| NOTE: This form is not valid unless signed by the                  | person claiming the allowance.                         |

MINISTERIAL SERVICES

5 - SEP 2013

Last updated: November 2011

Page 2 of 2

Please print on yellow paper

Departme

| nt of the Premier and Cabinet | 10 | MSB004 |
|-------------------------------|----|--------|
| Document Number:              |    | 132835 |
|                               |    |        |

|   | Document Number:                                | 17/52855                  |
|---|---|---------------------------|
|   | MINISTERIAL OFFICES<br>(PENDITURE APPROVAL      |                           |
| Ministerial Office: Treasurer and M   | linister for Trade                              |                           |
| Financial Year: 2013/2014   | Urgent paymen                                   | t required by: / / 20     |
| Return Cheque to:   | Phone:  |                           |
| PAYG: Yes / No  |   |                           |
| VENDOR<br>(riame of person/business to be paid).  | PARTICULARS                                     | AMOUNT                    |
| Office of the Treasurer and<br>Minister for Trade   | Reimbursement of Petty Cash –<br>September 2013 | \$281.85                  |
|   |   |                           |
|   | TOTAL<br>(GST exclusive)                        | \$                        |
|   | GST Amount                                      | \$                        |
|   | APPROVAL TOTAL:<br>(GST inclusive)              | \$ 281.85                 |
| <ul> <li>All supporting documentation is a</li> <li>Where applicable a valid Tax Inv</li> <li>The purpose of any travel or entered detailed); and</li> <li>When guests are not assisting the</li> </ul> |   | ness (unless specifically |
| APPROVED: Signature   | nue Smils Date:                                 | 5-9.13                    |
| PREPARED BY: Name (please prin  |   | er) Date: 4/9/13          |

| MINISTERIAL SERVICES OFFICER:  |                          |
|--|--------------------------|
| Indefiliy that   |                          |
| * approved by competent authority<br>* ventication or quode supplied/services re | * anthimetically correct |
| Sprice Of raid of charge correct   | ndered;                  |
| *গdiscounts/allowances.com/পুন্  |                          |
| Signature:   |                          |
| Date Adlia   | - Challe                 |
| Date 0.10113   | 06/09/13                 |

- Claims for Domestic Travel See Overleaf
- Procedures for Completing Expenditure Approval See Overleaf

| PROCEDURES FOR COMPLETING EXPENDITURE   | APPROVAL:  |
|---|--|
| 1. Please complete the following areas on the from  (a) Ministerial Office  (b) Date cheque is required (If urgent payme  (c) Financial Year (e.g. 1997/98)  (d) Vendor (i.e. name of person/business to (e) Particulars (give brief description of goods (f) Amount (VERY IMPORTANT that this is g (g) Certificate of approving person  (h) Prepared by details  2. Attach ALL relevant receipts, invoices, entertain approval  3. Only one vendor can appear on an Expenditure 4. The Minister MUST sign for all expenditure relatentertainment and travel. | nt required), or leave blank be paid) s/services) iven)  ment forms, travel forms etc. to this expenditure  Approval.  |
| DOMESTIC TRAVEL CLAIM   |  |
| INCIDENTAL ALLOWANCE  | MEAL ALLOWANCE   |
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details.  | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |
| Date of Travel: From:   | То:  |
| DATE BREAKFAST CUNCH UN   | NIVER INCIDENTAL AMOUNT CLAIMED  |
|   | >  |
|   |  |
|   |  |
|   |  |
|   | TOYAL  |
| (S)   | TOTAL  |
| CERTIFICATE OF OFFICER CLAIMING INCIDENT/   | PANDOD MENTALLOMMANCE  |
| I certify that:  I have not previously claimed this allowance for the above mentioned period was for Handbook, and  I have not claimed allowances on this form for triaccommodation were met from another government.   | the above period; or Official purposes as defined in the Ministerial   |
| Signature:  | Date:  |
| NOTE: This form is not valid unless signed by the pe  | rson claiming the allowance  |

5 - SEP 2013

RECEIVED

Last updated: November 2011 Page 2 of 2

Please print on yellow paper

Department of the Premier and Cabinet

Ministerial Office: Office of the Premier

Financial Year: 2013/14

Urgent payment required by:

/ 20

MSB004

Return Cheque to:

Phone:

PAYG:

Yes / No

| VENDOR<br>(name of person/business to be paid) | PARTICULARS   | AMOUNT   |
|--|---|----------|
| Ben Myers (Chief of Staff)                     | Lunch meeting on 15 <sup>th</sup> August 2013 with 5 attendees. | \$310.50 |
|  | TOTAL<br>(GST exclusive)  | \$282.27 |
|  | GST Amount  | \$28.23  |
|  | APPROVAL TOTAL:<br>(GST inclusive)                              | \$310.50 |

#### I certify that:

- Expenditure is approved and in accordance with the Queensland Ministerial Handbook;
- All supporting documentation is attached;
- Where applicable a valid Tax Invoice is attached;
- The purpose of any travel or entertainment is related to official business (unless specifically detailed); and
- When guests are not assisting the Minister details of cost recovery are attached.

APPROVED: Signature

Name (please print) The Han. Campbell Newman MP

PREPARED BY: Name (please print) Athena Hondroudakis Date: 03/09/2013

Phone extension 45746

#### MINISTERIAL SERVICES OFFICER:

I certify that:

- approved by competent authority;
- verification of goods supplied/services rendered;
- \* price or rate of charge correct; discounts/állowances correct;
- arithmetically correct;
  - not préviously paid:
- \* invoices/requisitions attached; and
- expenditure is recorded against the correct codes.

Signature:

Date:

Last updated: November 2011

- Claims for Domestic Travel See Overleaf
- Procedures for Completing Expenditure Approval See Overleaf

#### PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- 3. Only one vendor can appear on an Expenditure Approval.
- 4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

#### DOMESTIC TRAVEL CLAIM

#### INCIDENTAL ALLOWANCE MEAL ALLOWANCE The Incidental Allowance is payable where an Meal allowance rates are payable in accordance Officer is away from their normal place of duty with the Ministerial Handbook. Ministerial overnight. Rates are set out in the Ministerial Services should be contacted for details. It is Handbook. Ministerial Services should be the individual Officer's responsibility to contacted for details. determine whether he/she is entitled to claim this allowance. Date of Travel: From: To:

| DATE | BREAKFAST  | LUNCH 《 | DINNER   | INCIDENTAL | AMOUNT CLAIMED |
|------|--|---------|--|------------|----------------|
|      |  |         |  | •          |                |
|      |  |         |  |            |                |
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|      |  |         |  |            |                |
| 1100 | OF THE STATE OF TH | 7       | deservice in the second se | TOTAL      |                |

| CERTIFICATE OF OFFICER CLAIMING INCIDENTAL AND/OR MEAL ALLOWANCE  |
|---|
| I certify that:  I have not previously claimed this allowance for the above period;   |
| The travel for the above mentioned period was for Official purposes as defined in the Ministerial Handbook; and   |
| I have not claimed allowances on this form for trips where the actual cost of meals or<br>accommodation were met from another government source e.g. conference or airline meals. |
| Signature: Date: 3/9/13   |
| NOTE: This form is not valid unless signed by the person claiming the allowance.  |

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Last updated: November 2011 Page 2 of 2

| seoเผอร เยเนอเราะ คือ RTID224.pdf - Page Number: 68 of 431

## MINISTERIAL SERVICES

|                                      | HUSPITALITYO                           | >>000000000000000000000000000000000000              |   |
|--------------------------------------|--|---|---|
| MINISTERIAL OFFICE Offic             | e of the Premier                       |   | print on Pink Paper<br>TION 15/08/2013  |
| VENUE Embers                         | Steakhouse, Park Rd, Milton            | COST OF FUNCTION                                    | (GST inclusive) \$ 310.50               |
| REASON FOR HOSPITALIT                | Y and its connection with offici       | ial duties in accordance with                       | Ministerial Handbook                    |
| Lunch meeting to discuss             | s media issues.                        |   | $\mathcal{C}_{\wedge}$                  |
|                                      |  |   |   |
|                                      |  | _   |   |
|                                      |  |   |   |
| ATTENDEES: Only people for Column 1  | or whom expenditure was in<br>Column 2 | curred * Include Self Column 3                      | # Include employee associates  Column 4 |
| Number of State Govt Employee        | S Number of Employees of               | Number of Other People                              | Total Number of Reople                  |
| 3                                    | Statutory Bodles # 0                   | 2   | 5                                       |
| Name of                              | Participants                           | Organication  | of Participants                         |
| The Hon. Campbell Newm               | <u> </u>                               | Premier of Queensland                               | or rancipants                           |
| 2 Ben Myers                          |  | Chief of Staff to the Premier                       |   |
| Set Writty                           | Dept                                   | Director of Government Med                          | fia Unit                                |
| Peter Gleeson                        | ^ \                                    | Editor, Courier Mail                                |   |
| Chris Dore                           |  | Editor, Sunday Mail                                 |   |
|                                      |  | ) <sup>*</sup>                                      |   |
| ** See overleaf for more lines       | s. Attach additional page if neces     | ssary (eg. guest list)                              |   |
| CERTIFICATION AND APPR               | OVAL                                   |   |   |
| Certification of Claimant:           |  | Approval of Expenditure                             | 1                                       |
| certify that the above hospita       |  | The above expenditure is accordance with the Minist | • •                                     |
| the information above rep            |  | dodardance with the trians                          | cenai Handbook.                         |
| relation to the event.               |  |   |   |
| s.73 Signature                       |  | \ (   | / /                                     |
|                                      | (0)(9 13                               | <u>) [  </u>  | 6/9/13                                  |
| Signature of Clair                   | Date                                   | Signature of Minister                               | Date '/                                 |
| (If claimant is Minister, this signs | ture will suffice for Expenditure      | -   |   |
| Approval)                            |  | -   |   |
| Office Use Only :CALCULAT            | ION - FBT and Non FBT brea             | akdown  | · · · · · · · · · · · · · · · · · · ·   |
| Col (1) + Col (2) x Total (          | Cost = Amount subjec                   | it to FBT (use account code 5                       | 3030 for FBT Component)                 |
| Col (4)                              |  | ount not subject to FBT Code                        |   |
| 3 310.50                             | \$ 186.30 = \$ 186                     | 6.30 (53030)  |   |
| 5                                    | Balance = $\$^{0.0}$                   | (53010)   | Total 310.50                            |

{Code balance (53010) to P4}

## ATTENDEES Contd: \*\*Note: People for whom expenditure was incurred

| Name of Participants   | Organisation of Participants   |
|--|--|
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**Department of the Premier and Cabinet** 

Document Number: 19/30594

| <u> </u>                                   | 200amone realibor:          | <del></del>  |
|--|-----------------------------|--|
| MINI                                       | STERIAL OFFICES             | A 16 (4 ( ) )  |
|  | NDITURE APPROVAL            | STATE OF THE STATE |
| Ministerial Office: Treasurer and Minister | er for Trade                |  |
| Financial Year: 2012/2013                  | Urgent payment required by: | / / 20   |
| Return Cheque to: PAYG: Yes / No           | Phone:                      | <u></u>  |
| VENDOR                                     | DARTICULARS AMOU            |  |

| VENDOR<br>(fiame of person/business to be paid) | PARTICULARS                        | , A               | AMOUNT |
|---|------------------------------------|-------------------|--------|
| The Hon Tim Nicholls                            | Working Lunch – 10/04/13           | $\langle \rangle$ | 34.95  |
|   |                                    | · ·               |        |
|   | TOTAL<br>(GST exclusive)           | \$                |        |
|   | GST Amount                         | \$                |        |
|   | APPROVAL TOTAL:<br>(GST inclusive) | \$                | 34.95  |

| ۱ | cer | tify | th | at: |
|---|-----|------|----|-----|
|   |     |      |    |     |

- Expenditure is approved and in accordance with the Queensland Ministerial Handbook;
- · All supporting documentation is attached,
- Where applicable a valid Tax Invoice is attached;
- The purpose of any travel or entertainment is related to official business (unless specifically detailed); and
- When guests are not assisting the Minister details of cost recovery are attached.

| APPROVED: Signature with but better                | <i></i>  |
|--|----------|
| Name (please print)The Hon Tim Nicholls, MP Date:  | 11/4/13. |
| PREPARED BY: Name (please print) Kim McInnes Date: | 11.4.13  |
| Phone 3224 6909                                    |          |

| tically correct                             |
|---|
| viously paid;                               |
| s/requisitions attached; and                |
| Note is recorded against the correct codes. |
| Alloh 3                                     |
|   |

- Claims for Domestic Travel See Overleaf
- Procedures for Completing Expenditure Approval See Overleaf

# PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- 3. Only one vendor can appear on an Expenditure Approval.
- 4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

### **DOMESTIC TRAVEL CLAIM**

| INCIDEN                                   | NTAL ALLOWANCE   | MEAL ALLOWANGE   |
|---|--|--|
| Officer is away from overnight. Rates are | ance is payable where an<br>their normal place of duty<br>set out in the Ministerial<br>ial Services should be | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |
| Date of Travel:                           | From:  | То:  |

| AND THE PARTY OF T | <u> Paragonal de la companya de la com</u> | Alemande en alemane alemane alemane de contra en alemane de contra en alemane de contra en alemane de contra e | $\mathcal{L}(\mathcal{L}(\mathcal{L}))$ |            |                |
|--|--|--|---|------------|----------------|
| DATE   | BREAKFAST  | LUNCH  | DINNER .                                | INCIDENTAL | AMOUNT CLAIMED |
|  |  |  |   |            |                |
|  | ·  |  |   |            |                |
|  |  |  |   |            |                |
|  |  |  | · ·                                     |            |                |
|  |  |  |   | TOTAL      |                |

| CERTIFICATE OF OFFICER CLAIMING  | G INCIDENTAL AND/OR MEAL ALLOWANGE   |
|--|--|
| I certify that:  " I have not previously claimed this a                | allowance for the above period   |
| The travel for the above mentioned<br>Handbook, and                    | period was for Official purposes as defined in the Ministerial   |
| " I have not claimed allowances on the accommodation were met from and | his form for trips where the actual cost of meals or other government source e.g. conference or airline meals. |
| Signature:   | Date:  |
| NOTE: This form is not valid unless sign                               | ned by the person claiming the allowance.  |
| Ela Valla  |  |

NOTE: The form is not ve

## MNISSERVALSERVICES

TO DESIGNATION CONTRACTOR OF THE PARTY OF TH

| MINISTERIAL OFFICE Treasurer and Minister for Trade  |                        |  |  | DATE OF FUNCTION 10.04.13                                    |  |  |  |
|--|------------------------|--|--|--|--|--|--|
| Treasurer's Office, Level 9, Executive Building VENUE 100 George Street, Brisbane  |                        |  | cost of function                       | (GST inclusive) \$ 34.95                                     |  |  |  |
| REASON I   | FOR HOSPITALITY        | and its connection wi                              | ith offic                              | ial duties in accordance with                                | Ministerial Handbook   |  |  |
| Commissio  | on of Audit working I  | unch   |  |  |  |  |  |
|  |                        |  |  |  |  |  |  |
|  |                        | ·  |  |  |  |  |  |
| ATTENDE  | ES: Only people fo     | r whom expenditure                                 | wasi                                   | curred * Include Self  | Manual and a service and a ser |  |  |
| unnanananananananananananananananananan  | Column 1               | Column 2   | AASI29 II                              | Column 3   | # Include employee associates  Column 4  |  |  |
|  | English                |  | 060085900698006                        |  | Eco EDUHIO CO TE CONTRA  |  |  |
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| The Ho   | n Tim Nicholls         | APAL   |  | Treasurer and Minister for Trade                             |  |  |  |
| 2 Gerard   | Benedet                |  |  | Chief of Staff to the Treasurer and Minister for Trade       |  |  |  |
| , Alex Be  | eavers                 |  |  | Deputy Under Treasurer                                       |  |  |  |
| Greg To  | onks                   |  |  | Freasury   |  |  |  |
| Geoff V  | Vaite                  |  |  | Treasury   |  |  |  |
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| ** See o   | verleaf for more lines | . Attach additional page                           | if nece                                | essary (eg. guest list)                                      |  |  |  |
| aloneis.   | TIONAND APER           |  |  |  |  |  |  |
| ( and a control of the control of th | on of Claimant:        |  |  | Approval of Expenditure                                      |  |  |  |
| certify tha  | t the above hospita    |  | ······································ | The above expenditure is                                     |  |  |  |
|  |                        | ne Ministerial Handboo<br>resents the true details |  | accordance with the Ministerial Handbook.                    |  |  |  |
| relation to t  | -                      | esents the title details                           | 5 III                                  |  | •  |  |  |
| #  | wholl                  | 11/4/13  | <u> </u>                               |  |  |  |  |
| Signature of Claimant Date   |                        |  | Signature of Minister                  | Date   |  |  |  |
| (If claimant is Minister, this signature will suffice for Expenditure  Approval)   |                        |  |  |  |  |  |  |
| diffice to se  | Only 26 ALGIDLAN       | ON: FEFE and Non-F                                 |  | akdown   |  |  |  |
| Cel (1) + (<br>Cel (   |                        | cost = Amoun<br>Balance                            |  | ct to FBT (use account code<br>nount not subject to FBT Code |  |  |  |
| 5  | 34.95                  | <u>\$ 34.95</u> =                                  | = <u>\$</u> 3-                         | 4.95 (53030)   |  |  |  |
| 5  |                        | Balance =  | \$ 0                                   | 00 (53010)   | Total 34.95  |  |  |
|  |                        |  |  | TYPE WHEN WARRING THE ST                                     |  |  |  |

| Name of Participants | Organisation of Participants |
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| riease plikit on yellow paper Dep  | artification the Freniner and Cabii       |                                  |  |  |
|--|---|----------------------------------|--|--|
|  | Document Number:                          | 19/31206                         |  |  |
|  | MINISTERIAL OFFICES                       |                                  |  |  |
|  | EXPENDITURE APPROVAL                      |                                  |  |  |
| Ministerial Office: Treasurer an   | d Minister for Trade                      |                                  |  |  |
| Financial Year: 2012/2013  | Urgent paymen                             | Urgent payment required by / / 2 |  |  |
| Return Cheque to:  | Phone:                                    |                                  |  |  |
| PAYG: Yes / No   |   |                                  |  |  |
| VENDOR<br>(name of person/business to be pa  | nid) PARTICULARS                          | AMOUNT                           |  |  |
| Office of the Treasurer and<br>Minister for Trade  | Reimbursement of Petty Cash –<br>May 2013 | \$254.45                         |  |  |
|  | TOTAL<br>(GST exclusive)                  | \$                               |  |  |
|  | GST Amount                                | \$                               |  |  |
|  | APPROVAL TOTAL: (GST inclusive)           | \$ 254.45                        |  |  |
| <ul> <li>All supporting documentation</li> <li>Where applicable a valid Tax</li> <li>The purpose of any travel or detailed); and</li> <li>When guests are not assisting</li> </ul> | 71 \                                      | iness (unless specifically       |  |  |
| Name (please print)  | asmire Smilg Date:                        | 21.5.13                          |  |  |

| MINISTERIAL SERVICES OFFICER:                       |  |
|---|--|
| l'certify that:                                     |  |
| * approved by competent authority:                  | * arithmetically correct;                            |
| * verification of goods supplied/services rendered; | * not previously paid;                               |
| * price or rate of charge correct;                  | * invoices/requisitions attached; and                |
| * discounts/allowances correct;                     | * expenditure is recorded against the correct codes. |
| عنم 🗘 Signature                                     |  |
| 7/// 6  |  |
| Date / 22/5/13                                      | 22/01/13   |

PREPARED BY: Name (please print) Jasmine Smits (Office Manager) Date: 21.5.13

Phone 07 3227 8443

- Claims for Domestic Travel See Overleaf
- Procedures for Completing Expenditure Approval See Overleaf

| PROCEDURES FOR COMPLETING E  | <u>XPENDITURE</u>  | APPROVAL:  | <u>.                                    </u> |                          |
|--|--|--|--|--------------------------|
| 1. Please complete the following are  (a) Ministerial Office (b) Date cheque is required (If (c) Financial Year (e.g. 1997)  (d) Vendor (i.e. name of person (e) Particulars (give brief description of the complete of the co | eas on the fron<br>f urgent payme<br>/98)<br>on/business to<br>ription of goods<br>VT that this is g | t of this form:<br>nt required), or<br>be paid)<br>s/services)<br>iven)  |  |                          |
| approval   |  |  | avel forms e                                 | etc. to this expenditure |
| <ul><li>3. Only one vendor can appear on a</li><li>4. The Minister MUST sign for all ex</li></ul>  | an Expenditure<br>xpenditure relat   | Approval.<br>ing directly to I   | him/her and                                  | expenditure for          |
| entertainment and travel.  |  | IAL SERVICES   |  | SAPORIGITO (OI           |
| DOMESTIC TRAVEL CLAIM  | 2 1 M  | AY 2013  |  | >                        |
| INCIDENTAL ALLOWANG  | OF RE  | EQUED:   | MEAL ALL                                     | OWANCE                   |
| The Incidental Allowance is payable w<br>Officer is away from their normal place<br>overnight. Rates are set out in the Min<br>Handbook. Ministerial Services should<br>contacted for details.   | e of duty<br>iisterial   | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |  |                          |
| Date of Travel: From:  |  |  | To:  |                          |
| DATE BREAKFAST LU  | NCH DI   | NNER INC   | IDENTAL                                      | AMOUNT CLAIMED           |
|  |  | /  | · .  |                          |
|  |  |  |  |                          |
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|  | <del>\)</del>  |  |  |                          |
|  |  | '  | TOTAL  |                          |
|  |  |  |  |                          |
| CERTIFICATE OF OFFICER CLAIMI  | NG INCIDENT  | AL AND/OR M  | EAL ALLOV                                    | WANCE                    |
| I certify that:  I have not previously claimed this  The travel for the above mentione Handbook; and  I have not claimed allowances on accommodation were met from a   | ed period was f<br>this form for tr  | or Official purp<br>ips where the a  | oses as def<br>actual cost c                 | of meals or              |
| Signature:   |  | Date: _  |  |                          |
| NOTE: This form is not valid unless si   | gned by the pe   | rson claiming  | the allowand                                 | e.                       |

Last updated: November 2011 Page 2 of 2

Please print on yellow paper

Department of the Premier and Cabinet 19/34523

|  | MINISTERIAL C<br>(PENDITURE A   | والرماسات مناهمة والمساومة والمساولين المهاولة ومنتها المارات المساوات ويتباكي ويتمار والمارات والم |  |      |  |  |  |
|--|---|---|--|------|--|--|--|
| Ministerial Office: Of the Premier   |   |   |  |      |  |  |  |
| Financial Year: 7013/14.   |   | _Urgent paymen  | t required by: /                       | / 20 |  |  |  |
| Return Cheque to:  |   | _ Phone:  |  |      |  |  |  |
| PAYG: Yes / No   |   |   |  |      |  |  |  |
| VENDOR (fiame of person/business to be paid)   | PARIIG  | ULARS   | AMOUNT                                 |      |  |  |  |
| Premier's office   | petty Cash  |   | \$204.30                               |      |  |  |  |
|  |   | TOTAL (GST exclusive)   | \$                                     |      |  |  |  |
|  | ζ!  | GST Amount  | \$                                     |      |  |  |  |
|  | APPI  | ROVAL TOTAL:<br>(GST inclusive)   | \$ 204.30                              |      |  |  |  |
| I certify that:  Expenditure is approved and in a All supporting documentation is a Where applicable a valid Tax Inv The purpose of any travel or entedetailed); and When guests are not assisting the APPROVED: Signature  Name (please print)  PREPARED BY: Name (please print)  Pho | attached: oice is attached; ertainment is relate ie Minister details phature  Nixture | ed to official busing of cost recovery  Date:   | ness (unless specific<br>are attached. | ally |  |  |  |
| MINISTERIAL SERVICES OFFICER:   certify that     approved by competent authority;   verification of goods supplied/services     price or rate of charge correct;   discounts/allowances correct;   Signature;  | rendered: **not<br>Invo   | imetically correct;<br>previously paid:<br>ploes/requisitions at<br>enditure terrecords             | tached; and diagainst the correct co   | des  |  |  |  |

Claims for Domestic Travel - See Overleaf

#### PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure
  approval
- Only one vendor can appear on an Expenditure Approval.

|  | UST sign fo                                | r all expenditure rela   |   |   | expenditure for  |
|--|--|--|---|---|--|
| DOMESTIC TRAVE   | L CLAIM                                    |  |   |   | >  |
| INCIDEN  | TAL ALLO                                   | WANCE  |   | MEALALI   | OWANCE   |
| The Incidental Allowa<br>Officer is away from<br>overnight. Rates are<br>Handbook. Ministeri<br>contacted for details. | their norma<br>set out in thal<br>Services | l place of duty<br>ne Ministerial  | with the<br>Service<br>the indi<br>determ | e Ministerial Hand<br>es should be cont<br>ividual Officer's re | e payable in accordance<br>lbook. Ministerial<br>acted for details. It is<br>esponsibility to<br>ne is entitled to claim |
| Date of Travel:  | From:                                      |  |   | To:   |  |
| DATE BREA  | KFAST                                      | EUNGH  | INNER                                     | INCIDENTAL  | AMOUNT CLAIMED   |
|  |  |  | >   |   |  |
| -  |  |  | . 1 1 10-00 1                             |   |  |
|  |  | (OP  |   |   |  |
|  |  |  | W W V ADDRAGE                             | 177   |  |
|  |  |  |   | TOTAL   |  |
|  | 900  | 7 .  |   |   |  |
| CERTIFICATE OF C   | Deficer Ci                                 | LAIMING INCIDEN  | TAL AND/                                  | OR MEAL ALLO  | WANGE  |
| " The travel for the<br>Handbook; and<br>I have not claim  | e above me<br>ned allowand                 | ed this allowance fo<br>entioned period was<br>ces on this form for<br>from another govern | for Officia<br>trips where                | l purposes as der<br>e the actual cost o                        |  |
| Signature:   |  |  | Da  | ate:  |  |

Last updated: November 2011 Page 2 of 2

NOTE: This form is not valid unless signed by the person claiming the allowance.

| *   | •<br>  | *                                       |
|---|--|---|
| Please print on yellow paper Depar  | tment of the Premier and Cabir  Document Number:   | net   MSB004                            |
|   | MINISTERIAL OFFICES  |   |
|   | XPENDITURE APPROVAL  |   |
| Ministerial Office: Office of   | the Premier.   |   |
| Financial Year: 1013/14.  | Urgent paymen  | t required by: / / 20                   |
|   | Phone:   |   |
| PAYG: Yes / No  |  |   |
| VENDOR<br>(name of person/business to be paid)  | PARTICULARS  | AMOUNT                                  |
| MR Lee Anderson.  | Hospitality Claim -<br>Media Meeting.  | \$338.20.                               |
| V-6098633.  | TOTAL<br>(GST exclusive)   | \$                                      |
|   | GST Amount   | \$                                      |
|   | APPROVAL TOTAL:<br>(GST inclusive)   | \$ 338.20                               |
| <ul> <li>All supporting documentation is</li> <li>Where applicable a valid Tax in</li> <li>The purpose of any travel or ent detailed); and</li> </ul> | woice is attached; ertainment is related to official busine the Minister details of cost recovery apple 1 Newman Date: | ness (unless specifically are attached. |
| $\sim (\checkmark/5)$   | 27/4   | e:                                      |
| ene ene   | one <u>579 7013</u>  |   |
| MINISTERIAL SERVICES OFFICER:   |  |   |

MINISTERIAL SERVICES OFFICER:
I certify that:
\* approved by competent authority;
\* verification of goods supplied/services rendered;
\* price or rate of charge correct;
\* discounts/allowances correct;

Date:

Date:

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Claims for Domestic Travel - See Overleaf

## PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL: Please complete the following areas on the front of this form: (a) Ministerial Office (b) Date cheque is required (if urgent payment required), or leave blank (c) Financial Year (e.g. 1997/98) (d) Vendor (i.e. name of person/business to be paid) MINISTERIAL SERVICES (e) Particulars (give brief description of goods/services) 2 4 JAN 2014 (f) Amount (VERY IMPORTANT that this is given) (g) Certificate of approving person (h) Prepared by details Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval Only one vendor can appear on an Expenditure Approval. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel. DOMESTIC TRAVEL CLAIM INCIDENTAL ALLOWANCE MEAL ALLOWANCE The Incidental Allowance is payable where an Meal allowance rates are payable in accordance Officer is away from their normal place of duty with the Ministerial Handbook. Ministerial overnight. Rates are set out in the Ministerial Services should be contacted for details. It is Handbook. Ministerial Services should be the individual Officer's responsibility to contacted for details. determine whether he/she is entitled to claim this allowance. Date of Travel: From: To: DATE BREAKFAST LUNCH DINNER INCIDENTAL AMOUNT CLAIMED TOTAL CERTIFICATE OF OFFICER CLAIMING INCIDENTAL AND/OR MEAL ALLOWANCE Incertify that: I have not previously claimed this allowance for the above period; The travel for the above mentioned period was for Official purposes as defined in the Ministerial Handbook: and I have not claimed allowances on this form for trips where the actual cost of meals or accommodation were met from another government source e.g. conference or airline meals. Signature: Date:

| Wii       | nis | le  | rial ( | Se. vice    | 35 |
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NOTE: This form is not valid unless signed by the person claiming the allowance.

Last updated: November 2011 Page 2 of 2

# MINISTERIAL SERVICES

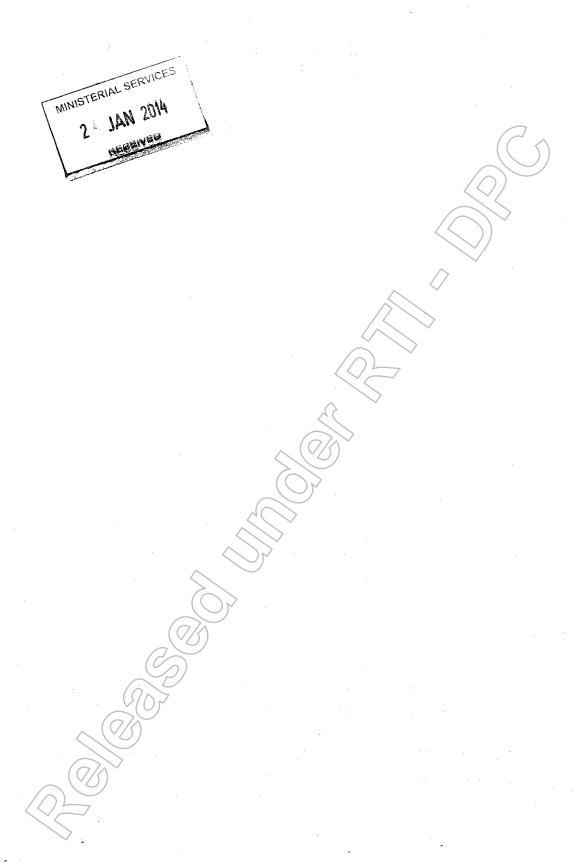
# HOSPITALITY GERTIFICATION

| MINISTERIAL OFFICE 0  | ce of the Premier  | Please<br>DATE OF FUNC         | e print on Pink Paper<br>CTION  |
|---|--|--------------------------------|---|
| VENUE Cut Steak   | house · Caxton Street  | $\mathcal{L}$ cost of function | (GST inclusive) \$ 338.20   |
| REASON FOR HOSPITALITY  | and its connection with offic  | ial duties in accordance with  | n Ministerial Handbook  |
| Meeting to DISCUSS 1  |  | ş                              |   |
| regrirments for   |  | 5.61. 510-51.                  | 3 3 4 4 4   |
|   |  |                                |   |
|   |  |                                |   |
| ATTENDEES: Only poonly fo                                     | - whom ownediture was in   | acurred * Include Self         | Whatuda amplayaa assaistas  |
| ATTENDEES: Only people fo  Column 1                           | Column 2   | Column 3                       | # Include employee associates Column 4  |
| Number of State Gova Employees                                | Number of Employees of   | Number of Other People:        | Total Number of People  |
|   | Statutory Bodies #<br>0  | /0                             | 0   |
|   |  |                                | <u> </u>  |
| TORAS   | Participants   |                                | of Participants   |
| Premier Campbell New  | iman   | office of the                  | _ •   |
| 2 Ben Myers   |  | office of the                  |   |
| 3 lee Anderson.   | ^ (  | office of the                  |   |
| 4 Pat Condren   |  | 4BC P.                         | •   |
| 5 Authony Frangi  |  | 4BC R                          | 2410  |
| ** See overleaf for more lines                                | Attach additional page if neces  | ssany (eg. guest list)         |   |
|   | and the second s |                                | karinka errokko ziliji piolomena izri iskopi ora zilikepi (Marinka errokko ziliji piolomena izri iskopi ora zil |
| CERTIFICATION AND APPRO                                       | IVAL   |                                |   |
| Certification of Claimant:  I certify that the above hospital | ity was for official   | Approval of Expenditure is     | e:<br>s approved for payment in   |
| ייירposes in accordance with th                               | ne Ministerial Handbook  | accordance with the Mini       |   |
| the information above representation to the event.            | esents the true details in   |                                |   |
| relation to the event.  | (G)  | s.73 Signature                 |   |
| / //  | 907 1/   |                                |   |
| Signature of Olarica  | 22/1/2014  |                                | Date  |
| Premarier   | ) Date / (   |                                | Date  |
| (If claimant is Minister, this signa                          | ture will suffice for Expenditure  | Lee Anderson                   |   |
| Approval)   |  |                                |   |
| Office Use Only :GALCULATI                                    | ØN - FBT and Non FBT bre   | akdown                         | •   |
| Col (1) + Col (2) x Total C                                   | cost = Amount subje  | ct to FBT (use account code    | 53030 for FBT Component)  |
| Col (4)   |  | ount not subject to FBT Co     |   |
| 0 0.00  | \$ #DIV/0! = \$ #D   | DIV/0! <b>(53030)</b>          |   |
| 0   | Balance = \$ #D  | <del></del> ` ′                | Total 0.00  |
| <del></del>   | <del>-</del>   |                                | alance (53010) to P4}   |

MINISTERIAL SERVICES 2 4 JAN 2014

# ATTENDEES Contd: \*\*Note: People for whom expenditure was incurred

| Name of Participants   | Organisation of Participants |
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Department of the Premier and Cabinet

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| Document Number:    | 191   | 33763  |
|                     |       |        |

|   | MINISTERIAL OFFICES EXPENDITURE APPROVAL  | and the second s |
|---|---|--|
| Ministerial Office: Premier's   |   |  |
| Financial Year: 2013/14   | Urgent paymer   | nt required by: / / 20   |
| Return Cheque to:   | Phone:  |  |
| PAYG: Yes / No  |   |  |
| VENDOR (name of person/business to be paid)   | PARTICULARS   | AMOUNT   |
| Mr Lee Anderson.  | Media Meeting   | \$8  |
|   | TOTAL<br>(GST exclusive)  | \$   |
|   | GST Amount  | \$   |
|   | APPROVAL TOTAL: (GST inclusive)   | \$ 8.00  |
| All supporting documentation is     Where applicable a valid Tax Ir     The purpose of any travel or endetailed); and     When guests are not assisting  APPROVED: Signature  Name (please print)  PREPARED BY: Name (please print) | the Minister details of cost recovery mature  UND SAM  Date:                                    | siness (unless specifically  |
| MINISTERMAL SERVICES OFFICER  |   |  |
| approved by competent authority verification of goods supplied/servic price of charge correct.  | arithmetically correct, as rendered: — not previously paid— ——————————————————————————————————— |  |
| ** discounts/allowances correct **  Signature   | expelliditure is record   | ed against the correct codes   |
| Date  |   | Colules Polules  |

• Claims for Domestic Travel - See Overleaf

#### PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) **Vendor** (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- Only one vendor can appear on an Expenditure Approval.
- 4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

#### DOMESTIC TRAVEL CLAIM

| DOMESTIC   | I KAYEL CLAIN   | fl<br>                                |  |  | jár .  |  |
|--|---|---------------------------------------|--|--|--|--|
| i de algune de la companya de la co | NCIDENTAL ALE   | ÓWÁNCE                                |  | MEADACE  | OWANCE   |  |
| Officer is aw overnight. Ra<br>Handbook. I   | he Incidental Allowance is payable where an<br>fficer is away from their normal place of duty<br>vernight. Rates are set out in the Ministerial<br>andbook. Ministerial Services should be<br>ontacted for details. |                                       | with the<br>Service<br>the ind<br>determ | Meal allowance rates are payable in accordange with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |  |  |
| Date of Trav   | el: From  | n:                                    |  | То:  |  |  |
| DATE   | BREAKFAST   | LUNCH                                 | DINNER                                   | MODENTAL   | AMOUNT CLAIMED   |  |
|  |   |                                       |  |  | The state of the s |  |
| , , , , , , , , , , , , , , , , , , ,  |   |                                       | )  |  |  |  |
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|  | (   | 3                                     |  | TOTAL  |  |  |
|  | (S)r  |                                       | ·  |  | Constitution - Annual A |  |
| <b>4</b>   |   |                                       |  |  |  |  |
| SER HEICA  | IEUF UFF/CZX  | CEAMINGING                            | J≡N #AIE#ANIB)!                          | or meal allow  | VANCE  |  |
| I certify that:  I have r  The tree  | not previously clai<br>vel for the above i  | med this allowand<br>mentioned period | e for the abov<br>was for Officia        | e period;<br>Il purposes as def  | ined in the Ministerial  |  |
| Handbo<br>" I have r   | ook; and<br>not claimed allowa  | ances on this form                    | for trips where                          | e the actual cost c  |  |  |
| O!   | ~   |                                       | _  |  |  |  |



NOTE: This form is not valid unless signed by the person claiming the allowance.

Last updated: November 2011 Page 2 of 2

|  | Carana territa  |  |  |  |  |
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| MINISTERIAL  | OFFICE PV   | Uniter 'S  | · <b>C</b>   | Please participate of Function                                   | rint on Pink Pape  |
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| ertification of the information to the s.73 Signature of the claimant is Approval)   | of Claimant: e above hospita cordance with te ation above repervent. gnature  of Claimant  Minister, this signa   | lity was for official he Ministerial Handbook resents the true details in  Date  Date  Sign RBF and None E  Cost = Amount s  | Approval The above accordance  Signature  Signature accordance  The above accordance accordance  The above accordance acc | of Expenditure: expenditure is ape with the Minister of Minister | Date  See Exe. Afte. For   |
| ertification of ertify that the rposes in acid the information to the estimation of  | of Claimant: e above hospita cordance with te ation above repervent. gnature  of Claimant  Minister, this signa   | lity was for official he Ministerial Handbook resents the true details in  Date  Date  Sign RBF and None E  Cost = Amount s  | Approval The above accordance  Signature  Signature accordance  The above accordance accordance  The above accordance acc | of Expenditure: expenditure is ape with the Minister of Minister | Date  See Exp. Arre. For 030 for FBT Component   |

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| Name of Participants   | Organisation of Participants |
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**Department of the Premier and Cabinet** 

| Pocument Number: 1913 |
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| Docu  | Document Number: |              |                     |      |
|---|------------------|--------------|---------------------|------|
| MINISTERIA<br>EXPENDITUR                          |                  |              |                     |      |
| Ministerial Office: Attorney-General and Minister | for Justice      |              |                     |      |
| Financial Year: 2013 – 2014                       | Urgent pay       | ment require | d by: <b>N</b> A. / | 2013 |
| Return Cheque to: Letalolore/                     | Phone: _         | 3719         | 2008                |      |
| PAYG: Yes / No                                    |                  |              |                     |      |

| VENDOR (name of person/business to be paid) | PARTICULARS                     | AMOUNT    |
|---|---------------------------------|-----------|
| Various<br>Dethy Cash                       |                                 | 08.816    |
| Morghes.                                    | TOTAL                           |           |
|   | (GST exclusive)                 | \$        |
|   | GST Amount                      | \$        |
|   | APPROVAL TOTAL: (GST inclusive) | \$ 213.80 |

| I certify that:  |
|--|
| <ul> <li>Expenditure is approved and in accordance with the Queensland Ministerial Handbook;</li> </ul>        |
| All supporting documentation is attached:  |
| Where applicable a valid Tax Invoice is attached;  |
| The purpose of any travel or entertainment is related to official business (unless specifically detailed); and |
| When guests are not assisting the Minister details of cost recovery are attached.  8.73 Signature              |
| APPROVED: Signature:   |
| Name (please print): Margaret Forcest. Date: 10,10,13  |
| PREPARED BY: Name (please print): Shanunga Pontings Leta Date: 10-13.  |
| Phone: 607/3238-6413 (close. 37/97408.   |
|  |

| EMINISTERIAL SERVICES OF FIC        | ER:                |                |                  |                         |
|-------------------------------------|--------------------|----------------|------------------|-------------------------|
| I certify that                      |                    |                |                  |                         |
| * approved by competent authori     |                    | arithmetical   | ly correct;      |                         |
| * verification of goods supplied/so | ervices rendered,  | * not previou: | sly paid,        |                         |
| price or rate of charge correct     |                    | : ipvoices/rec | uisitions attach | ed, and                 |
| discounts/allowances correct;       | // .//             | expenditure    | els recorded ag  | ainst the correct codes |
| Signature -                         | mull fill          |                | ffer             | MAY -                   |
| Date:                               | _//~ <del>ut</del> | 263            | 18/12/13         | <u> </u>                |
|                                     |                    |                |                  |                         |

Claims for Domestic Travel - See Overleaf

| PF | <b>O</b> | CEDU | RES | FOR | COMPL | FTING | EXPENDITE | JRE APPROVAL. |
|----|----------|------|-----|-----|-------|-------|-----------|---------------|
|    |          |      |     |     |       |       |           |               |

- Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (if urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure
- Only one vendor can appear on an Expenditure Approval.
- The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

#### DOMESTIC TRAVEL CLAIM

| INCIDENTAL ALLOWANCE   | : MEAL ALLOWANCE   |
|--|--|
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details. | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |
| Date of Travel: From:  | To:  |

|      |           |       |        | <u></u>  |                |
|------|-----------|-------|--------|--|----------------|
| DATE | BREAKFAST | LUNCH | DINNER | INCIDENTAL   | AMOUNT CLAIMED |
|      |           |       |        |  |                |
|      | -         |       | )      |  |                |
|      |           |       |        | and the second s |                |
|      |           | (7/1) |        |  |                |
|      | (6        |       |        | TOTAL  |                |

| CERTIFICATE OF OFFICER GLAI  | MING INCIDENTAL AND/OR MEAL ALLOWANCE  |
|--|--|
| I certify that:  I have not previously claimed to the above mention the above mention of the above mention of the above mention of the above not claimed allowances. | this allowance for the above period;<br>oned period was for Official purposes as defined in the Ministerial<br>on this form for trips where the actual cost of meals or<br>a another government source e.g. conference or airline meals. |
| Signature:   | Date:  |
| NOTE: This form is not valid unless  | s signed by the person claiming the allowance.   |

MINISTERIAL SERVICES

Last updated: Nevember 2011 Page 2 of 2

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|------------------------------|-------|--------|
| Document Number:             | 19/ > | 4480   |

Ministerial Office: Attorney-General and Minister for Justice

Financial Year: 2013 - 2014

Urgent payment required by: 4 / 2013

Return Cheque to: 600/00

<u> S Phone: 3236</u>

PAYG: Yes / No

| VENDOR<br>(name of person/husiness to be paid)- | PARTICULARS                                | TRUOMA    |
|---|--|-----------|
| George St. News                                 | Newspapers 8                               | \$145.80  |
|   | newspapers a milk, plus aevivery to office |           |
|   | TOTAL                                      | ¢         |
|   | (GST exclusive)                            | ф —       |
|   | GST Amount  APPROVAL TOTAL:                | \$        |
|   | (GST inclusive)                            | \$ 145.80 |

| ŀ | cer | tify | th | ıat. |
|---|-----|------|----|------|
|   |     |      |    |      |

- Expenditure is approved and in accordance with the Queensland Ministerial Handbook;
- All supporting documentation is attached(
- Where applicable a valid Tax Invoice is attached;
- The purpose of any travel or entertainment is related to official business (unless specifically detailed); and
- When guests are not assisting the Minister details of cost recovery are attached.

APPROVED: Signature:

Name (please print): Moreover

Date: 08 01 14

PREPARED BY: Name (piease print): Shannon Ponting

Date: 08: 01: (4)

Phone: (07) 3239 6413

#### MINISTERIAL SERVICES DEFICER

I certify that:

approved by competent authority

- verification of goods supplied/services rendered;
  - price or rate of charge correct.
- discounts/allowances correc

- arithmetically correct;
- not previously paid;
- ≚ invoices/requisitions attached; and
- expenditure is recorded against the correct co

Signature:

Date:

Claims for Domestic Travel - See Overleaf

Last updated: November 2011 Page 2 of 2

| PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL | VAL: |
|--|------|
|--|------|

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- 3. Only one vendor can appear on an Expenditure Approval.
- 4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

#### **DOMESTIC TRAVEL CLAIM**

| INCIDENTAL ALLOWANCE   | MEAL ALLOWANCE   |
|--|--|
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details. | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |

|                 |       | The voice representative and the same of t | $Q/\langle$ | 1 |     |          |  |
|-----------------|-------|--|-------------|---|-----|----------|--|
| Date of Travel: | From: |  |             | 4 | To: |          |  |
|                 |       |  | )           |   | `   | <u> </u> |  |

| DATE     | BREAKFAST | LUNCH    | DINNER      | INCIDENTAL | AMOUNT CLAIMED |
|----------|-----------|----------|-------------|------------|----------------|
|          |           |          |             |            |                |
|          |           |          |             |            | <u> </u>       |
|          |           |          |             |            |                |
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|          |           | 7        | Lanning III |            |                |
| <u> </u> |           | <u> </u> |             | TOTAL      |                |

| 2                                      | INCIDENTAL ANDIOR MEAL ALLOWANCE   |
|--|--|
| I certify that:                        | lannana fautha alana mada da   |
| I have not previously claimed this all |  |
| Handbook; and                          | period was for Official purposes as defined in the Ministerial   |
|  | is form for trips where the actual cost of meals or  |
| accommodation were met from anot       | ther government source e.g. conference or airline meals.   |
|  |  |
| Signature:                             | Date:  |
| NISTER                                 | The state of the s |
| NISTED!                                | Date:ed by the person claiming the allowance.  |

Last updated: November 2011 Page 2 of 2

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Department of the Premier and Cabinet

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|  | Document Number:   | 1-11 3 1700                                  |
|  | MINISTERIAL OFFICES EXPENDITURE APPROVAL   |  |
| Ministerial Office: Treasurer and  | Minister for Trade   |  |
| Financial Year: 2013/2014  | Urgent paymen  | t required by: \/ / 20                       |
|  |  |  |
| Return Cheque to:  | Phone:   |  |
| PAYG: Yes / No<br>VENDOR   |  |  |
| (name of person/business to be paid)   | PARTICULARS  | AMOUNT                                       |
| Eagle St News  | Newspapers – 2 December – 29<br>December 2013  | \$240.45                                     |
| · · · · · · · · · · · · · · · · · · ·  | TOTAL<br>(GST exclusive)   | \$   |
|  | GST Amount   | \$   |
|  | APPROVAL TOTAL:<br>(GST inclusive)   | \$240.45                                     |
| <ul> <li>All supporting documentation is</li> <li>Where applicable a valid Tax Ir</li> <li>The purpose of any travel or er detailed); and</li> <li>When guests are not assisting s.73 S</li> <li>APPROVED: Signature</li> <li>Name (please print)</li> </ul> | nvoice is attached; ntertainment is related to official busi the Minister details of cost recovery | ness (unless specifically are attached.      |
| Pł   | none 07 3719 7207  |  |
| MINISTERIAL SERVICES OFFICER: I certify that: * approved by competent authority; * verification of goods supplied/servic * price or rate of charge correct; * discounts/allowances correct;  | * arithmetically correct;<br>es rendered; * not previously paid;<br>* invoices/requisitions a      | ttached, and<br>d against the correct codes. |

Claims for Domestic Travel - See Overleaf

| PROCEDURES |  |  |
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- Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- Only one vendor can appear on an Expenditure Approval.
- 4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

#### DOMESTIC TRAVEL CLAIM

| 9 (1) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4   | NCIDENTAL ALLO | DWANCE                  | au engagin a<br>11 Af 17 |  | MEAL                                    | ALLOWAN                               | ICE   |
|--|----------------|-------------------------|--------------------------|--|---|---------------------------------------|---|
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details. |                |                         |                          | with the<br>Service<br>the indi<br>determi | Ministerial H                           | andbook.<br>ontacted fo<br>s responsi | or details. It is<br>bility to  |
| Date of Trave  | el: From:      |                         |                          |  | То:                                     |                                       |   |
| DATE   | BREAKFAST      | LUNCH (                 | DiNi                     | VER  | INCIDENTA                               | L AMO                                 | OUNT CLAIMED  |
|  |                |                         |                          |  |   |                                       | Anna and an anna and an anna and an anna and an |
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Last updated: November 2011

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**Department of the Premier and Cabinet** 

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| Document Number: | 19 | 3 | 405 | 2 |
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|--|--|
| MINISTER   | ALOFFICES                                |
| EXPENDITUR   | RE APPROVAL                              |
| Ministerial Office: Attorney-General and Minister  | er for Justice                           |
| Financial Year: 2013 - 2014  | Urgent payment required by: 221/ 2/ 2013 |
| Return Cheque to: 6000 St Non  | S Phone: 3236 5533                       |
|  | . // ) /                                 |

PAYG: Yes / No

| VENDOR (name of person/business to be paid). | PARTICULARS                      |           | AMOUNT   |
|--|----------------------------------|-----------|----------|
| George St News                               | Nonspapers 8                     | $\rangle$ | \$188.50 |
|  | Tructe                           |           |          |
| TOTAL<br>(GST exclusive)                     |                                  |           | 122.80   |
| GST Amount                                   |                                  |           | 15.58    |
|  | APPROVAL TOTAL:  (GST inclusive) | \$        | 188.50   |

|   | ·                                 |
|---|-----------------------------------|
| I certify that:   |                                   |
| Expenditure is approved and in accordance with the Quee               | ensland Ministerial Handbook:     |
| All supporting documentation is attached;                             | <i>'</i>                          |
| Where applicable a valid Tax Invoice is att <sup>s 73 Signature</sup> |                                   |
| The purpose of any travel or entertainmen detailed); and              | ial business (unless specifically |
| When guests are not assisting the Minister                            | covery are attached.              |
|   |                                   |
| APPROVED: Signature:  | 1/21                              |
| Name (please print):  |                                   |
| PREPARED BY: Name (please print): Shannon Ponting                     | Date: <u>04·12·13</u>             |
| Phone: (07) 3239 6413   | -                                 |
|   |                                   |

| * arithmetically correct;                          |
|--|
| * not previously paid;                             |
| " invoices/requisitions attached; and              |
| expenditure is recorded against the correct codes: |
| UM ,   |
| V (1/13  |
|  |

Claims for Domestic Travel - See Overleaf

### PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
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  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
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#### **DOMESTIC TRAVEL CLAIM**

RECEIVED

| INCIDENTAL ALLOWANCE   |       | MEAL ALLOWANCE   |  |  |
|--|-------|--|--|--|
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details. |       | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |  |  |
| Date of Travel:  | From: | To:  |  |  |

| rossan de la companya de la company |  |       |        |            |  |
|--|--|-------|--------|------------|--|
| DATE   | BREAKFAST  | LUNCH | DINNER | INCIDENTAL | AMOUNT CLAIMED   |
|  |  |       |        |            | - A section of the contract of |
| ·  |  |       |        |            |  |
|  | THE PARTY OF THE P |       |        |            | VIVI AND   |
|  | The state of the s |       |        |            |  |
|  | 6  |       |        | TOTAL      |  |

| CERTIFICATE OF OFFICER CLAIMING IN                            | SIDENTAL AND/OR MEAL ALLOWANCE   |
|---|--|
| Handbook; and<br>  " I have not claimed allowances on this fo | ance for the above period;<br>od was for Official purposes as defined in the Ministerial<br>orm for trips where the actual cost of meals or<br>government source e.g. conference or airline meals. |
| Signature:  | Date.  |
| NOTE: This form is not valid unless signed t                  | by the person claiming the allowance.  |
| MINISTERIAL SERVICES 4 - DEC 2013                             |  |

Last updated: November 2011 Page 2 of 2

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|--|--|---|
|  | Document Number:   | 19/34078                                    |
|  | MINISTERIAL OFFICES  (PENDITURE APPROVAL   | •   |
| Ministerial Office:  |  |   |
| Financial Year: 2013 14  | Urgent paymen  | t required by: / / 20                       |
| Return Cheque to:  | Phone:   |   |
| PAYG: Yes / No   |  |   |
| VENDOR<br>(hame of person/business to be paid)   | PARTIGULARS  | AMOUNT                                      |
| Mr Lee Anderson-   | Media Muting   | \$38 —                                      |
|  | TOTAL<br>(GST exclusive)   | \$  |
|  | GST Amount   | \$  |
|  | APPROVAL TOTAL: (GST inclusive)  | \$ 38                                       |
| <ul> <li>All supporting documentation is a Where applicable a valid Tax Inv.</li> <li>The purpose of any travel or entidetailed); and</li> <li>When guests are not assisting the support of the purpose o</li></ul> | poice is attached; ertainment is related to official busine Minister details of cost recovery signature  Date: | ness (unless specifically are attached.     |
| MINISTERIAL SERVICES OFFICER:  |  |   |
| <ul> <li>approved by competent authority</li> <li>verification of goods supplied/service</li> </ul>  | arithmetically.correct; strandared; "not previously paid;  |   |
| t price or rate of charge correct;  discounts/allowances correct;  | invoices/requisitions at   | ttached; and<br>d against the correct codes |
| Signature: KQ/   |  |   |
| Date: 03/12/13   | VYIVS.   |   |

Claims for Domestic Travel - See Overleaf

#### PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
    - (e) Particulars (give brief description of goods/services)
    - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
    - (h) Prepared by details
- Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- 3. Only one vendor can appear on an Expenditure Approval.
- The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

#### DOMESTIC TRAVEL CLAIM

| INCIDENTAL ALLOWANCE   | MEAL ALLOWANCE   |
|--|--|
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details.   | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |
| The state of the s |  |

| Date of Travel: | From:  |       |        | To:       |                |
|-----------------|--------|-------|--------|-----------|----------------|
|                 |        |       |        |           |                |
| DATE            | AKFAST | FUNCH | DINNER | INGIDENTA | AMOUNT CLAIMED |
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|--|----|
| CERTIFICATE OF OFFICER CLAIMING INCIDENTAL AND/OR MEAL ALLOWANCE   | 現が |
| I certify that:  I have not previously claimed this allowance for the above period;  The travel for the above mentioned period was for Official purposes as defined in the Ministerial Handbook; and  I have not claimed allowances on this form for trips where the actual cost of meals or accommodation were met from another government source e.g. conference or airline meals. |    |
| Signature: Date:   |    |
| NOTE: This form is not valid unless signed by the person claiming the allowance.   | _  |
| The travel for the above mentioned period was for Official purposes as defined in the Ministerial Handbook; and I have not claimed allowances on this form for trips where the actual cost of meals or accommodation were met from another government source e.g. conference or airline meals.  Signature:   |    |

Last updated: November 2011 Page 2 of 2

Spinisterral Services

| MINISTERIAL OFFICE                    | Premier   | DATE OF FUNCT  |   |  |
|---------------------------------------|---|--|---|--|
| YENUE TYLAS                           | my Casino Fat Nova  | $oldsymbol{\ell}$ . Cost of function (   | 35 <del>- 0:00 \$</del>                   |  |
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| year. J                               | <u></u>   | )  |   |  |
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|                                       | ole for whom expenditure was in                                   |  | nclude employee associate                 |  |
| Column 1                              | Column 2  | Column 3   | Column 4                                  |  |
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| Mr Pathor                             | Condven   | 4BC.   |   |  |
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| ** See overleaf for more              | lines. Attach additional page if nece                             | :ssary (eg. guest list)  |   |  |
|                                       |   |  |   |  |
| ertification of Claiman               |   | Approval of Expenditure  |   |  |
| certify that the above ho             | spitality was for official  | The above expenditure is a   | approved for payment in                   |  |
| •                                     | vith the Ministerial Handbook<br>e represents the true details in | accordance with the Minist   | erial Handbook.                           |  |
| s.73 Signature                        |   |  |   |  |
| S.73 dignature                        |   |  |   |  |
|                                       | 5 8 111   13  |  |   |  |
| Signature of Claimant                 | (7/) Date   | Signature of Minister  | Date                                      |  |
| (If claimant is Minister, this        | signature will suffice for Expenditure                            |  |   |  |
| Approval)                             |   |  |   |  |
|                                       | iomody described paginetias                                       | i<br>Ektown  |   |  |
|                                       |   |  |   |  |
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|                                       |   |  | Page 1                                    |  |

RTID224.pdf - Page Number: 124 of 431

Please print on pink paper

| Name of Participants                    | Organisation of Participants |
|---|------------------------------|
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| Please print on yellow paper Department of the Premier and Cabinet   |   |  |  |  |
|--|---|--|--|--|
|  | Document Number:  | 19/34089                                       |  |  |
|  | MINISTERIAL OFFICES  EXPENDITURE APPROVAL   |  |  |  |
| Ministerial Office: Treasure   | er and Minister for Trade   |  |  |  |
| Financial Year: 2013/2014  | Urgent paymer   | nt required by: / / 20                         |  |  |
| Return Cheque to:  | Phone:  |  |  |  |
| PAYG: Yes / No   |   |  |  |  |
| VENDOR<br>(hame of person/business to  | be paid) PARTICULARS  | AMOUNT   |  |  |
| Eagle St News  | Newspapers – 2 November to 1<br>December 2013   | \$338.60                                       |  |  |
|  | TOTAL<br>(GST exclusive)  | \$   |  |  |
|  | GST Amount  | \$   |  |  |
|  | APPROVAL TOTAL:<br>(GST inclusive)  | \$338.60                                       |  |  |
| <ul> <li>All supporting document</li> <li>Where applicable a valid</li> <li>The purpose of any trav detailed); and</li> <li>When guests are not as</li> <li>APPROVED: Signature</li> <li>Name (please print)</li> </ul>  | d Tax Invoice is attached; rel or entertainment is related to official bus sisting the Minister details of cost recovery s.73 Signature | siness (unless specifically are attached.      |  |  |
|  |   |  |  |  |
| MINISTERIAL SERVICES OF I certify that:  * approved by competent auti * verification of goods supplie * price or rate of charge correct * discounts/allowances correct  * Allowances correct * Allowan | hority.  * arithmetically correct; ad/services rendered; * hot previously paid; ect; * invoices/requisitions a                          | attached; and<br>ad against the correct codes. |  |  |
| Signature.   | us w.   |  |  |  |

Claims for Domestic Travel - See Overleaf

Date:

| 3 3 H | <br> | <br>F-A-B- | A A B B B B B B B B B B B B B B B B B B | Description is Dr. is will | MARK TO AT PRODUCTION OF THE PARK | <br>APPROVAL |  |
|-------|------|------------|---|----------------------------|-----------------------------------|--------------|--|
|       |      |            |   |                            |                                   |              |  |
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|       |      |            |   |                            |                                   |              |  |

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- 3. Only one vendor can appear on an Expenditure Approval.
- 4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

#### DOMESTIC TRAVEL CLAIM

| INCIDENTAL ALLOWANCE   | MEAL ALLOWANCE   |
|--|--|
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details. | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |

| CERTIFICATE OF OFFICER CLAIMING   | G INCIDENTAL AND/OR MEAL ALLOWANCE        |
|---|---|
| I certify that:  I have not previously claimed this a The travel for the above mentioned Handbook; and I have not claimed allowances on the |   |
| Signature:  | Date:                                     |
| NOTE: This form is not valid unless sign  | ned by the person claiming the allowance. |

75 DEC 2013

Last updated: November 2011

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| · · · · · · · · · · · · · · · · · · ·   | Document Number:  |  |  |  |
|---|---|--|--|--|
|   | MINISTERIAL OFFICES  XPENDITURE APPROVAL  |  |  |  |
|   |   |  |  |  |
| Ministerial Office: Treasurer and N   | Minister for Trage  |  |  |  |
| Financial Year: 2013/2014   | Urgent payment  | t required by: // / 20                       |  |  |
| Return Cheque to:   | Phone:  |  |  |  |
| PAYG: Yes / No  |   |  |  |  |
| VENDOR<br>(name of person/business to be paid)  | PARTICULARS   | AMOUNT                                       |  |  |
| Gerard Benedet  | Working Lunch 3/12/13   | \$ 101.40                                    |  |  |
| (6099543)   |   |  |  |  |
|   | TOTAL<br>(GST exclusive)  | \$   |  |  |
| GST Amount \$   |   |  |  |  |
|   | APPROVAL TOTAL: (GST inclusive)   | \$ 101.40                                    |  |  |
| <ul> <li>All supporting documentation is</li> <li>Where applicable a valid Tax In</li> <li>The purpose of any travel or endetailed); and</li> </ul>   | voice is attached;<br>tertainment is related to official busi<br>he Minister details of cost recovery | ness (unless specifically                    |  |  |
| ~ ( <i>V</i> / <i>S</i> )   | nt) Jasmine Smits (Office Manage  | er) Date: 4/12/2013                          |  |  |
| MINISTERIAL SERVICES OFFICER: I certify that: * approved by competent authority: * verification of goods supplied/service * price or rate of charge correct; * discounts/allowances correct; Signature: | * invoices/requisitions a   | ttached, and<br>diagainst the correct codes. |  |  |

- Claims for Domestic Travel See Overleaf
- Procedures for Completing Expenditure Approval See Overleaf

### PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
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#### **DOMESTIC TRAVEL CLAIM**

| MEAL ALLOWANCE   |
|--|
| Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |
|  |

| Date of Trave | el: From: |           |          | To:        |                |
|---------------|-----------|-----------|----------|------------|----------------|
| DATE          | BREAKFAST | TUNCH C B | NNER     | INCIDENTAL | AMOUNT CLAIMED |
|               |           |           | <u> </u> |            |                |
|               |           |           |          |            |                |
|               |           |           |          |            | ,              |

TOTAL

| CERTIFICATE OF OFFICER CLAIM  | IING INCIDENTAL AND/OR MEAL ALLOWANCE   |
|---|---|
| The travel for the above mention  Handbook; and  I have not claimed allowances of | is allowance for the above period;<br>ned period was for Official purposes as defined in the Ministerial<br>on this form for trips where the actual cost of meals or<br>another government source e.g. conference or airline meals. |
| Signature:  | Date:   |
| NOTE: This-form is not valid visites  | signed by the person claiming the allowance.  |
| Engr 2013   |   |

Last updated: November 2011

# MINISPERIAL SERVICES HOSPIEN TO CERTIFICATION

| VENUE Conference Room, Level 9, Executive Building COST OF FUNCTION (GST inclusive) \$ 101.40  REASON FOR HOSPITALITY and its connection with official duties in accordance with Ministerial Handbook  Working lunch for attendees of Cabinet Sub-Committee Meeting  ATTENDEES: Only people for whom expenditure was incurred  * Include Self  # Include employee associated   | HOSPPREUY  | CHRINICATION   |
|--|--|--|
| REASON FOR HOSPITALITY and its connection with official duties in accordance with Ministerial Handbook  Working lunch for attendees of Cabinet Sub-Committee Meeting  ATTENDEES: Only people for whom expenditure was incurred include Self include employee associal Column 1 Column 2 Column 3 Column 4  8 2 10  Name of Participants Organisation of Participants  The Hon. Tim Nicholis, Treasurer and Minister for Trade Treasurer  Jon Grayson, Director-General Department Department Department Department Department Paul Laxon  Gerard Benedet  **See overleaf for more lines. Attach additional page if necessary (eg. guest list)  Geriffication of Claimant:  Learlify that the above hospitality was for official the information above represents the trive details in relation to the event.  **See overleaf for Glaimant:  Certification of Claimant:  Learlify that the above hospitality was for official in relation to the event.  **See overleaf for more lines. Attach additional page if necessary (eg. guest list)  **Gerard Benedet  **See overleaf for more lines. Attach additional page if necessary (eg. guest list)  **See overleaf for more lines attach additional page if necessary (eg. guest list)  **Gerard Benedet  **See overleaf for more lines. Attach additional page if necessary (eg. guest list)  **See overleaf for more lines attach additional page if necessary (eg. guest list)  **See overleaf for more lines. Attach additional page if necessary (eg. guest list)  **See overleaf for more lines. Attach additional page if necessary (eg. guest list)  **See overleaf for more lines. Attach additional page if necessary (eg. guest list)  **See overleaf for more lines. Attach additional page if necessary (eg. guest list)  **See overleaf for more lines. Attach additional page if necessary (eg. guest list)  **See overleaf for more lines. Attach additional page if necessary (eg. guest list)  **See overleaf for more lines. Attach additional page if necessary (eg. guest list)   | MINISTERIAL OFFICE Treasurer and Minister for Tra  | Please print on Pink Paper  DATE OF FUNCTION 3/12/2013   |
| ATTENDES: Only people for whom expenditure was incurred include Self include employee associated Column 1 Column 2 Column 3 Column 4  8 2 10  Name of Participants Organisation of Participants  The Hon. Tim Nicholis, Treasurer and Minister for Trade Mark Gray, Under Treasurer and Minister for Trade Office of the Treasurer and Minister for Trade Treasurer an | VENUE Conference Room, Level 9, Executive B  | Building COST OF FUNCTION (GST inclusive) \$ 101.40  |
| ATTENDEES: Only people for whom expenditure was incurred * Include Self * Include employee associal Column 1 Column 2 Column 3 Column 4  8 2 Column 3 Column 4  10 Name of Participants  The Hon. Tim Nicholls, Treasurer and Minister for Trade Treasurer  Mark Gray, Under Treasurer  Jon Grayson, Director-General  Liam Gordon, Deputy Under Treasurer  Paul Laxon  Gerard Benedet  ** See overleaf for more lines. Attach additional page if necessary (eg. guest list)  Epilit lea its  Approval of Claimant:  I certify that the above hospitality was for official purposes in accordance with the Ministerial Handbook of the Information above represents the true details in relation to the event.  S.73 Signature  4.12-13  Signature of Minister Date 4//2/18  | REASON FOR HOSPITALITY and its connection with o   | official duties in accordance with Ministerial Handbook  |
| ATTENDEES: Only people for whom expenditure was incurred * Include Self * Include employee associal Column 1 Column 2 Column 3 Column 4  8 2 Column 3 Column 4  10 Name of Participants  The Hon. Tim Nicholls, Treasurer and Minister for Trade Treasurer  Mark Gray, Under Treasurer  Jon Grayson, Director-General  Liam Gordon, Deputy Under Treasurer  Paul Laxon  Gerard Benedet  ** See overleaf for more lines. Attach additional page if necessary (eg. guest list)  Epilit lea its  Approval of Claimant:  I certify that the above hospitality was for official purposes in accordance with the Ministerial Handbook of the Information above represents the true details in relation to the event.  S.73 Signature  4.12-13  Signature of Minister Date 4//2/18  |  |  |
| Rame of Participants  The Hon. Tim Nicholis, Treasurer and Minister for Trade Mark Gray, Under Treasurer Jon Grayson, Director-General Liam Gordon, Deputy Under Treasurer Paul Laxon  Gerard Benedet  ** See overleaf for more lines. Attach additional page if necessary (eg. guest list)  Certification of Claimant: Dupposes in accordance with the Ministerial Handbook of the information above represents the true details in relation to the event.  **Teasure Column 3  Column 3  Column 4  10  Name of Participants  Treasurer Treasurer Treasurer Treasurer Treasury Department Department of Premier and Cabinet Office of the Treasurer and Minister for Trade  **See overleaf for more lines. Attach additional page if necessary (eg. guest list)  Certification of Claimant: Durposes in accordance with the Ministerial Handbook of the information above represents the true details in relation to the event.  **The above expenditure: The above expenditure is approved for payment in accordance with the Ministerial Handbook.  Signature of Minister Date 4/12/13  Signature of Minister Date 4/12/13  |  |  |
| Rame of Participants  The Hon. Tim Nicholis, Treasurer and Minister for Trade Mark Gray, Under Treasurer Jon Grayson, Director-General Liam Gordon, Deputy Under Treasurer Paul Laxon  Gerard Benedet  ** See overleaf for more lines. Attach additional page if necessary (eg. guest list)  Certification of Claimant: Dupposes in accordance with the Ministerial Handbook of the information above represents the true details in relation to the event.  **Teasure Column 3  Column 3  Column 4  10  Name of Participants  Treasurer Treasurer Treasurer Treasurer Treasury Department Department of Premier and Cabinet Office of the Treasurer and Minister for Trade  **See overleaf for more lines. Attach additional page if necessary (eg. guest list)  Certification of Claimant: Durposes in accordance with the Ministerial Handbook of the information above represents the true details in relation to the event.  **The above expenditure: The above expenditure is approved for payment in accordance with the Ministerial Handbook.  Signature of Minister Date 4/12/13  Signature of Minister Date 4/12/13  |  |  |
| Rame of Participants  The Hon. Tim Nicholis, Treasurer and Minister for Trade Mark Gray, Under Treasurer Jon Grayson, Director-General Liam Gordon, Deputy Under Treasurer Paul Laxon  Gerard Benedet  ** See overleaf for more lines. Attach additional page if necessary (eg. guest list)  Certification of Claimant: Dupposes in accordance with the Ministerial Handbook of the information above represents the true details in relation to the event.  **Teasure Column 3  Column 3  Column 4  10  Name of Participants  Treasurer Treasurer Treasurer Treasurer Treasury Department Department of Premier and Cabinet Office of the Treasurer and Minister for Trade  **See overleaf for more lines. Attach additional page if necessary (eg. guest list)  Certification of Claimant: Durposes in accordance with the Ministerial Handbook of the information above represents the true details in relation to the event.  **The above expenditure: The above expenditure is approved for payment in accordance with the Ministerial Handbook.  Signature of Minister Date 4/12/13  Signature of Minister Date 4/12/13  |  |  |
| Rame of Participants  The Hon. Tim Nicholis, Treasurer and Minister for Trade Mark Gray, Under Treasurer Jon Grayson, Director-General Liam Gordon, Deputy Under Treasurer Paul Laxon  Gerard Benedet  ** See overleaf for more lines. Attach additional page if necessary (eg. guest list)  Certification of Claimant: Dupposes in accordance with the Ministerial Handbook of the information above represents the true details in relation to the event.  **Teasure Column 3  Column 3  Column 4  10  Name of Participants  Treasurer Treasurer Treasurer Treasurer Treasury Department Department of Premier and Cabinet Office of the Treasurer and Minister for Trade  **See overleaf for more lines. Attach additional page if necessary (eg. guest list)  Certification of Claimant: Durposes in accordance with the Ministerial Handbook of the information above represents the true details in relation to the event.  **The above expenditure: The above expenditure is approved for payment in accordance with the Ministerial Handbook.  Signature of Minister Date 4/12/13  Signature of Minister Date 4/12/13  |  |  |
| Rame of Participants  The Hon. Tim Nicholls, Treasurer and Minister for Trade Mark Gray, Under Treasurer Jon Grayson, Director-General Liam Gordon, Deputy Under Treasurer Paul Laxon  Gerard Benedet ** See overleaf for more lines. Attach additional page if necessary (eg. guest list)  Gertification of Claimant:  I certify that the above hospitality was for official purposes in accordance with the Ministerial Handbook d the information above represents the trive details in relation to the event.  S.73 Signature  4.12-18  Giff claimant is Minister, this signature will suffice for Expenditure Approval)  Approval of Minister  Date  4.12-18  Signature of Minister  Date  100  100  100  100  100  100  100  1   | ***************************************  | AND THE PROPERTY OF THE PROPER |
| Name of Participants  The Hon. Tim Nicholis, Treasurer and Minister for Trade Mark Gray, Under Treasurer Jon Grayson, Director-General Liam Gordon, Deputy Under Treasurer Paul Laxon  Gerard Benedet  ** See overleaf for more lines. Attach additional page if necessary (eg. guest list)  Certification of Claimant: I certify that the above hospitality was for official purposes in accordance with the Ministerial Handbook of the information above represents the trive details in relation to the event.  Solution of Claimant  Treasury Department Department of Premier and Cabinet Office of the Treasurer and Minister for Trade  Approval of Expenditure: The above expenditure is approved for payment in accordance with the Ministerial Handbook.  Signature of Claimant Date  (If claimant is Minister, this signature will suffice for Expenditure Approval)   |  |  |
| Name of Participants  The Hon. Tim Nicholls, Treasurer and Minister for Trade  Mark Gray, Under Treasurer  Jon Grayson, Director-General  Liam Gordon, Deputy Under Treasurer  Paul Laxon  Gerard Benedet  ** See overleaf for more lines. Attach additional page if necessary (eg. guest list)  GER IF Control of Claimant:  I certify that the above hospitality was for official purposes in accordance with the Ministerial Handbook in the information above represents the fire details in relation to the event.  Segmature  (If claimant is Minister, this signature will suffice for Expenditure Approval)  Organisation of Participants  Treasury Department  Department of Premier and Cabinet  Treasury Department  Operatment of Premier and Cabinet  Treasury Department  Approval of Expenditure:  The above expenditure is approved for payment in accordance with the Ministerial Handbook.  Signature of Minister Date 4/12/18   |  | Stranding of Strange College Control C |
| The Hon. Tim Nicholls, Treasurer and Minister for Trade  Mark Gray, Under Treasurer  Jon Grayson, Director-General  Liam Gordon, Deputy Under Treasurer  Paul Laxon  Gerard Benedet  ** See overleaf for more lines. Attach additional page if necessary (eg. guest list)  GERT LECTIFICATION AND APPRIONAL  Certification of Claimant:  I certify that the above hospitality was for official purposes in accordance with the Ministerial Handbook of the information above represents the true details in relation to the event.  S.73 Signature  (If claimant is Minister, this signature will suffice for Expenditure Approval)  Treasury Department  Department Of Premier and Cabinet  Treasury Department  Department  Paul Laxon  Department Of Premier and Cabinet  Treasury Department  Approval of Expenditure:  The above expenditure:  The above expenditure is approved for payment in accordance with the Ministerial Handbook.  Signature of Minister Date 4//2//3  Signature of Minister Date 4//2//3   | 8 2  | 10   |
| Mark Gray, Under Treasurer  Jon Grayson, Director-General  Liam Gordon, Deputy Under Treasurer  Paul Laxon  Gerard Benedet  ** See overleaf for more lines. Attach additional page if necessary (eg. guest list)  **Explicit Califor And Arizhoval  Certification of Claimant:  I certify that the above hospitality was for official purposes in accordance with the Ministerial Handbook d the information above represents the true details in relation to the event.  **Sea overleaf for more lines. Attach additional page if necessary (eg. guest list)  Approval of Expenditure:  The above expenditure is approved for payment in accordance with the Ministerial Handbook.  Segreture of Claimant  Date  (If claimant is Minister, this signature will suffice for Expenditure Approval)  | Name of Participants   | Organisation of Participants   |
| Jon Grayson, Director-General  Liam Gordon, Deputy Under Treasurer  Paul Laxon  Gerard Benedet  See overleaf for more lines. Attach additional page if necessary (eg. guest list)  GERTIFICA BIGH AND APPROVAL  Certification of Claimant:  I certify that the above hospitality was for official purposes in accordance with the Ministerial Handbook d the information above represents the true details in relation to the event.  S.73 Signature  4.12-13  Grant Benedet  Office of the Treasurer and Minister for Trade  Approval of Expenditure:  The above expenditure is approved for payment in accordance with the Ministerial Handbook.  Signature  4.12-13  Signature of Minister Date 4/12/13   | The Hon. Tim Nicholls, Treasurer and Minister for Tr   | ade Treasurer  |
| Jon Grayson, Director-General  Liam Gordon, Deputy Under Treasurer  Paul Laxon  Gerard Benedet  See overleaf for more lines. Attach additional page if necessary (eg. guest list)  GERTIFICA BIGH AND APPROVAL  Certification of Claimant:  I certify that the above hospitality was for official purposes in accordance with the Ministerial Handbook d the information above represents the true details in relation to the event.  S.73 Signature  4.12-13  Grant Benedet  Office of the Treasurer and Minister for Trade  Approval of Expenditure:  The above expenditure is approved for payment in accordance with the Ministerial Handbook.  Signature  4.12-13  Signature of Minister Date 4/12/13   | Mark Gray, Under Treasurer   | Treasury Department  |
| Paul Laxon  Gerard Benedet  ** See overleaf for more lines. Attach additional page if necessary (eg. guest list)  GERMINION APPROVAL  Certification of Claimant:  I certify that the above hospitality was for official purposes in accordance with the Ministerial Handbook is the information above represents the true details in relation to the event.  S.73 Signature  (If claimant is Minister, this signature will suffice for Expenditure Approval)  Approval of Expenditure:  The above expenditure is approved for payment in accordance with the Ministerial Handbook.  Signature of Minister  Signature of Minister  Date  Office of the Treasurer and Minister for Trade  **See overleaf for more lines. Attach additional page if necessary (eg. guest list)  Approval of Expenditure:  The above expenditure is approved for payment in accordance with the Ministerial Handbook.  Signature of Minister  Date 4/12/13   | Jon Grayson, Director-General  | 7  |
| Paul Laxon  Department of Premier and Cabinet  Office of the Treasurer and Minister for Trade  ** See overleaf for more lines. Attach additional page if necessary (eg. guest list)  GERRIFICATION AND APPROVAL  Certification of Claimant:  I certify that the above hospitality was for official purposes in accordance with the Ministerial Handbook did the information above represents the true details in relation to the event.  S.73 Signature  44.12-13  Signature of Claimant  Date  (If claimant is Minister, this signature will suffice for Expenditure Approval)  Department of Premier and Cabinet  Office of the Treasurer and Minister for Trade  **See overleaf for more lines. Attach additional page if necessary (eg. guest list)  Approval of Expenditure:  The above expenditure is approved for payment in accordance with the Ministerial Handbook.  Signature of Minister  Date 4//2//3   | Liam Gordon, Deputy Under Treasurer  | Treasury Department  |
| Gerard Benedet  ** See overleaf for more lines. Attach additional page if necessary (eg. guest list)  GERIFICALIBITIAN AND APPROVALS  Certification of Claimant:  I certify that the above hospitality was for official purposes in accordance with the Ministerial Handbook is the information above represents the true details in relation to the event.  S.73 Signature  (If claimant is Minister, this signature will suffice for Expenditure Approval)  Office of the Treasurer and Minister for Trade  Approval of Expenditure:  The above expenditure is approved for payment in accordance with the Ministerial Handbook.  Signature of Minister Date 4//2/3  | Paul Laxon   |  |
| ** See overleaf for more lines. Attach additional page if necessary (eg. guest list)  GERIFICATION AND APPROVAL  Certification of Claimant:  I certify that the above hospitality was for official purposes in accordance with the Ministerial Handbook if the information above represents the true details in relation to the event.  S.73 Signature  41213  Signature of Claimant  Date  (If claimant is Minister, this signature will suffice for Expenditure Approval)  Signature of Minister  Approval of Expenditure:  The above expenditure is approved for payment in accordance with the Ministerial Handbook.  Signature of Minister  Signature of Minister  Date 4/12/13   | Gerard Benedet   | Office of the Treasurer and Minister for Trade   |
| Certification of Claimant:  I certify that the above hospitality was for official purposes in accordance with the Ministerial Handbook id the information above represents the true details in relation to the event.  S.73 Signature  4. 12. 13  Signature  (If claimant is Minister, this signature will suffice for Expenditure Approval)  Approval of Expenditure:  The above expenditure is approved for payment in accordance with the Ministerial Handbook.  Signature of Minister Date 4/12/13   |  | ecessary (eg. guest list)  |
| Certification of Claimant:  I certify that the above hospitality was for official purposes in accordance with the Ministerial Handbook id the information above represents the true details in relation to the event.  S.73 Signature  4. 12. 13  Signature  (If claimant is Minister, this signature will suffice for Expenditure Approval)  Approval of Expenditure:  The above expenditure is approved for payment in accordance with the Ministerial Handbook.  Signature of Minister Date 4/12/13   |  |  |
| I certify that the above hospitality was for official purposes in accordance with the Ministerial Handbook is the information above represents the true details in relation to the event.  S.73 Signature  4.12-13  Gighature of Claimant  Date  (If claimant is Minister, this signature will suffice for Expenditure Approval)  The above expenditure is approved for payment in accordance with the Ministerial Handbook.  Signature of Minister  Signature of Minister  Date 4/12/13   |  |  |
| purposes in accordance with the Ministerial Handbook d the information above represents the true details in relation to the event.  S.73 Signature  4. 12-13  Signature of Claimant  Date  (If claimant is Minister, this signature will suffice for Expenditure Approval)  Signature of Minister Date 4/12/13   |  |  |
| Signature  4.12.13  Gighature of Claimant  Date  (If claimant is Minister, this signature will suffice for Expenditure Approval)  Signature of Minister  Signature of Minister  Date 4/12/13   |  |  |
| S.73 Signature  4-12-13  GigHature of Claimant  Date  (If claimant is Minister, this signature will suffice for Expenditure Approval)  Signature of Minister  Date 4/12/13   |  |  |
| Gightature of Claimant Date  (If claimant is Minister, this signature will suffice for Expenditure Approval)  Signature of Minister Date 4//2/13   | relation to the event.   |  |
| Signature of Claimant Date  (If claimant is Minister, this signature will suffice for Expenditure Approval)  Signature of Minister Date 4//2/13  |  |  |
| (If claimant is Minister, this signature will suffice for Expenditure Approval)  | 4.12.13  | (in the hold,  |
| Approval)  | Signature of Claimant Date   | Signature of Minister Date 4//2//3   |
| Approval)  | (If claimant is Minister, this signature will suffice for Expenditure  |  |
| Office Date Only GALOULATION'S EBERISH Non |  |  |
| Ourcense Author action and a subgraph to the subgraph of the s |  |  |
| The state of the s |  | rate six alown   |
| Col (1) + Col (2) x Total Cost = Amount subject to FBT (use account code 53030 for FBT Component   | The state of the s |  |
| Col (4) Balance = Amount not subject to FBT Code to 53010 (tax code P4)  | Co.(4) Balance ≠   | Amount not subject to FBT Code to 53010 (tax code P4)  |
| <u>10 101.40 \$ 101.40 = \$ 101.40 (53030)</u>   | 10 101.40 \$ 101.40 = \$   | 101.40 (53030)   |
| 10 Balance = \$ 0.00 (53010) Total 101.40  | 10 Balance = \$  | 0.00 (53010) Total 101.40  |

{Code balance (53010) to P4}

## TIENDEES Contd.: Cilibies People for whom expenditure was included:

| Name of Participants               | Organisation of Participants    |
|------------------------------------|---------------------------------|
| Daniel Harris, Advisor             | Office of the Premier           |
| Mary-Anne Curtis, Project Director | Treasury Department             |
| John Frazer                        | Queensland Treasury Corporation |
| Christine Pedersen                 | Queensland Treasury Corperation |
|                                    |                                 |
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# Department of the Premier and Cabinet

MSB004

| Document Number:   |  |   |   |  |  |  |
|--|--|---|---|--|--|--|
|  | MINISTERIAL  | Car and a service of the service of |   |  |  |  |
|  | (PENDITURE   | APPROVAL  |   |  |  |  |
| Ministerial Office:  | NERS   |   | <del> </del>                            |  |  |  |
| Financial Year: 2013   | 14   | Urgent payment  | t required by / / 20                    |  |  |  |
| Return Cheque to:  |  | Phone:  |   |  |  |  |
| PAYG: Yes / No   | ·  | <u>:</u>  |   |  |  |  |
| VENDOR<br>(name of person/business to be paid)   | PART   | ICULARS   | AMOUNT                                  |  |  |  |
| GERARD BENEDET   | WORKING  | LUNCH 3/12/13   | \$ 10-14                                |  |  |  |
|  | ATTENDED HARRIS  | BY DANIEL   | <b>".</b>                               |  |  |  |
|  | MAIGEL   | TOTAL (GST exclusive)   | \$ 9-35                                 |  |  |  |
|  |  | GST Amount  | \$ 0-79                                 |  |  |  |
|  | AF   | PFROVAL TOTAL:<br>(GST inclusive)   | \$10-14                                 |  |  |  |
| I certify that:  Expenditure is approved and in a All supporting documentation is a Where applicable a valid Tax Inv.  The purpose of any travel or entodetailed); and  When guests are not assisting the straight straight straight.  APPROVED: Signature  Name (please print)  PREPARED BY: Name (please print)  Pho | attached; roice is attached ertainment is re ne Minister deta ture  Inter  Inter | d;<br>elated to official busi   | ness (unless specifically are attached. |  |  |  |
| MINISTERIAL SERVICES OFFICER: If certify that:  * approved by competent authority;  * verification of goods supplied/services  |  | arithmetically correct;<br>not previously paid:   |   |  |  |  |
| * price or rate of charge correct,   | t in break collecti  | nvoices/requisitions a  |   |  |  |  |
| Signature:   |  |   |   |  |  |  |
|  | Vorloof  |   |   |  |  |  |
| Phoenical Services Officer: I certify that: approved by competent authority; Verification of goods supplied/services price of rate of charge correct; discounts/allowances correct;  | one <u>300</u>   | arithmetically correction previously paid:  |   |  |  |  |

• Procedures for Completing Expenditure Approval - See Overleaf



Department of the Premier and Cabinet

MSB004

| Document Number: | 19/ | 34 | 19:    | <u>2</u> |
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|                  |     |    | era er | E Const  |

|   | Document Number:  | 19/34192                                |  |  |  |  |
|---|---|---|--|--|--|--|
|   | MINISTERIAL OFFICES   |   |  |  |  |  |
|   | (PENDITURE APPROVAL   |   |  |  |  |  |
| Ministerial Office: YVLMbV 5  |   |   |  |  |  |  |
| Financial Year: 2013/14.  | Urgent paymen   | t required by: / / 20                   |  |  |  |  |
| Return Cheque to:   | Phone:  |   |  |  |  |  |
| PAYG: Yes / No  |   |   |  |  |  |  |
| VENDOR<br>(name of person/business to be paid):   | PARTIGULARS   | AMOUNT                                  |  |  |  |  |
| Premier's office.   | petly Cash.   | \$260.45                                |  |  |  |  |
|   | TOTAL<br>(GST exclusive)  | \$                                      |  |  |  |  |
|   | GST Amount  | \$                                      |  |  |  |  |
| APPROVAL TOTAL: \$ 2\0.45   |   |   |  |  |  |  |
| <ul> <li>All supporting documentation is a</li> <li>Where applicable a valid Tax Inv</li> <li>The purpose of any travel or entered detailed); and</li> </ul>                                    | oice is attached;<br>ertainment is related to official busi<br>ne Minister details of cost recovery | ness (unless specifically               |  |  |  |  |
| Name (please print) Wike Wike Date: 3/12//3   |   |   |  |  |  |  |
| PREPARED BY: Name (please print) <u>KVYTIW (MWQY)</u> Date: <u>2</u> 1213.  Phone <u>3719</u> 7013  |   |   |  |  |  |  |
| MINISTERIAL SERVICES OFFICER: Icertify that: approved by competent authority: verification of goods supplied/services price or rate of charge correct; discounts/allowances correct; Signature( | invoices/requisitions at  | tached; and dagainst the correct codes, |  |  |  |  |

Claims for Domestic Travel - See Overleaf

HEDEVET

#### PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

- Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) **Vendor** (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure
- Only one vendor can appear on an Expenditure Approval.
- The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

#### DOMESTIC TRAVEL CLAIM

| Officer is away from their normal place of duty with the Ministerial Handbook. Ministerial | INCIDENTAL ALLOWANCE   | MEALALLOWANCE  |
|--|--|--|
| Handbook. Ministerial Services should be the individual Officer's responsibility to        | Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be | Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim |

| Date of Travel: | From: | To: |  |
|-----------------|-------|-----|--|
|                 |       |     |  |

| DATE | BREAKFAST | LUNCH | DINNER         | INCIDENTAL | AMOUNT CLAIMED |
|------|-----------|-------|----------------|------------|----------------|
|      | ·         |       |                |            |                |
|      |           |       | ) r            |            |                |
|      |           |       |                |            |                |
|      |           |       | 7.0-7X0-100001 |            |                |
|      | (0        |       |                | TOTAL      |                |

## CERTIFICATE OF OFFICER CLAIMING INCIDENTAL AND/OR MEAL ALLOWANCE

#### I certify that:

- I have not previously claimed this allowance for the above period;
- The travel for the above mentioned period was for Official purposes as defined in the Ministerial Handbook: and
- I have not claimed allowances on this form for trips where the actual cost of meals or accommodation were met from another government source e.g. conference or airline meals.

| Signature: |  |   | Date: |   |
|------------|--|---|-------|---|
| ₹          |  | 1 |       | / |

NOTE: This form is not valid unless signed by the person claiming the allowance

n 9 DEC 2013

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Last updated: November 2011

Immidterial Services

Page 2 of 2

| Please print on yellow paper | Please | print | on | vellow | paper |
|------------------------------|--------|-------|----|--------|-------|
|------------------------------|--------|-------|----|--------|-------|

| Please print on yellow paper D  | Department of the Premier and Cabi  | inet MSB004                 |
|---|---|-----------------------------|
|   | Document Number:  | 19/34195                    |
|   | MINISTERIAL OFFICES EXPENDITURE APPROVAL  |                             |
| <b>Ministerial Office:</b> Treasure   | r and Minister for Trade  |                             |
| Financial Year: 2013/2014   | Urgent payme  | nt required by:7 / /20      |
| Return Cheque to:   | Phone:  | $(C \cap C)$                |
| PAYG: Yes / No  |   |                             |
| VENDOR<br>(name of person/business to be  | e paid) PARTICULARS   | AMOUNT-                     |
| Office of the Treasurer and Minister for Trade  | Reimbursement of Petty Cash –<br>December 2013  | \$95.85                     |
|   |   | >                           |
|   | TOTAL<br>(GST exclusive)  | 1 92                        |
|   | GST Amount  |                             |
|   | APPROVAL TOTAL:<br>(GST inclusive)  |                             |
| <ul> <li>All supporting documenta</li> <li>Where applicable a valid</li> <li>The purpose of any trave detailed); and</li> <li>When guests are not ass</li> </ul> APPROVED: Signature    | Tax Invoice is attached; or entertainment is related to official busing the Minister details of cost recover s.73 Signature | siness (unless specifically |
| PREPARED BY: Name (ple  | ase print) Jasmine Smits (Office Manag  | ger) Date: 13/12/13         |
|   | Phone 07 3227 8443  |                             |
| MINISTERIAL SERVICES OFF I certify that.  * approved by competent author  * venfication of goods supplied  * price or rate of charge correct  * discounts/allowances correct  Signature | ority: * arithmetically correct<br>l/services fendered; * not previously paid;<br>ct; * invoices/requisitions               |                             |

- Claims for Domestic Travel See Overleaf
- Procedures for Completing Expenditure Approval See Overleaf

| PROCEDURES FOR COMPLETING EX   | PENDITURE APPR            | OVAL:                  | Water and the second se |  |  |
|--|---------------------------|------------------------|--|--|--|
| 1. Please complete the following area (a) <b>Ministerial Office</b> (b) Date <b>cheque is required</b> (If to complete the following area (b) <b>Financial Year</b> (e.g. 1997/96) (d) <b>Vendor</b> (i.e. name of person  | urgent payment requ<br>8) | iired), or leave blank |  |  |  |
| (e) <b>Particulars</b> (give brief descrip   | otion of goods/service    | es)                    |  |  |  |
| (g) Certificate of approving per   | tnat this is given)       |                        | $\mathbb{C}_{\Delta}$  |  |  |
| (h) Prepared by details     Attach ALL relevant receipts, invoice  | ces, entertainment f      | orms, travel forms e   | tc. to this expenditure  |  |  |
| approval  3. Only one vendor can appear on an  | Expenditure Appro         | val.                   |  |  |  |
| <ol> <li>The Minister MUST sign for all exp<br/>entertainment and travel.</li> </ol>   | enditure relating dir     | ectly to him/her and   | expenditure for  |  |  |
| DOMESTIC TRAVEL CLAIM  |                           | /                      |  |  |  |
|  |                           |                        |  |  |  |
| INCIDENTAL ALLOWANCE   |                           | MEALALI                | 5.20,102,300,000,000,000,000,000,000,000,000   |  |  |
| The Incidental Allowance is payable who Officer is away from their normal place of the Payable Payable Who Incidental Payable Payable Who Incidental Payable Who | of duty with              | the Ministerial Hand   | payable in accordance<br>book. Ministerial   |  |  |
| overnight. Rates are set out in the Ministerial  Handbook. Ministerial Services should be  Services should be contacted for details. It is the individual Officer's responsibility to  |                           |                        |  |  |  |
| contacted for details.  determine whether he/she is entitled to claim this allowance.  |                           |                        |  |  |  |
|  |                           |                        |  |  |  |
| Date of Travel: From:  |                           |                        |  |  |  |
| DATE BREAKFAST LUN   | CH DINNER                 | INCIDENTAL             | AMOUNT GLAIMED   |  |  |
|  |                           |                        |  |  |  |
|  |                           |                        |  |  |  |
|  |                           |                        | MAN  |  |  |
|  |                           |                        |  |  |  |
| TOTAL  |                           |                        |  |  |  |
|  |                           |                        |  |  |  |
| CERTIFICATE OF OFFICER CLAIMING  | 3 INCIDENTAL AN           | DOR MEAL ALLOV         | VANCE  |  |  |
| I certify that:  I have not previously claimed this a  | llowance for the ah       | we neried:             |  |  |  |
| "The travel for the above mentioned<br>Handbook; and   | period was for Office     | cial purposes as defi  | ned in the Ministerial   |  |  |
| " I have not claimed allowances on the   | nis form for trips whe    | ere the actual cost o  | f meals or   |  |  |
| accommodation were met from and Signature:   |                           |                        | e or airline meals.  |  |  |
| NOTE: This form is not valid unless sign   |                           | Date:                  |  |  |  |
| MINISTERIAL SERVICES   | rad ny me hersoll C       | anning the allowand    | <del>.</del>   |  |  |
| 1 3 DEC 2013   |                           |                        |  |  |  |
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Last updated: November 2011 Page 2 of 2

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Department of the Premier and Cabinet

| the Premier and C |    | MSB004 |
|-------------------|----|--------|
| Document Number:  | 19 | 32775  |
|                   |    |        |

|   | Document Number:   |
|---|--|
|   | MINISTERIAL OFFICES  EXPENDITURE APPROVAL  |
|   |  |
|   | Ministerial Office: Attorney-General + Minister to- Johnes   |
|   | Financial Year: 2013 - 2014 Urgent payment required by: N/A /20  |
|   | Return Cheque to: Lela Glover Phone: 33393487  |
|   | PAYG: Yes / No   |
|   | ** VENDOR (name of person/business to be paid)  PARTICULARS  AMOUNT  |
|   | Various,<br>Peth Cash. 293.70  |
| ) |  |
|   | (GST exclusive) \$   |
|   | GST Amount \$  |
|   | APPROVAL TOTAL: \$ 293.70.   |
|   | I certify that:  Expenditure is approved and in accordance with the Queensland Ministerial Handbook;  All supporting documentation is attached;  Where applicable a valid Tax Invoice is attached;  The purpose of any travel or entertainment is res.73 Signature detailed); and  When guests are not assisting the Minister deta  APPROVED: Signature  Name (please print) Lela Gore Date: 29.08.13  Phone 323, 3487 |
| - | MINISTERIAL SERVICES OFFICER:  I certify that  approved by competent authority.  verification of goods supplied/services rendered  price of rate of charge correct:  invoices/requisitions attached, and  discounts/allowances correct:  expenditure is recorded against the correct codes.  |
|   | Date 3913 249/13   |

Claims for Domestic Travel - See Overleaf



Department of the Premier and Cabinet

| , rodoc print on yonow paper  | Document Number:   |   |
|---|--|---|
|   | MINISTERIAL OFFICES  XPENDITURE APPROVAL   |   |
| Ministerial Office: Treasurer and M   |  |   |
| Financial Year: 2013/2014   | Urgent paymen  | t required by: / / 20                         |
| Return Cheque to:   | 5 . ,  |   |
| PAYG: Yes / No  |  |   |
| VENDOR<br>(name of person/business to be paid)  | PARTICULARS  | AMOUNT  |
| Eagle St News   | Newspapers – 1 July 2013 – 28<br>July 2013   | \$336.60                                      |
|   | TOTAL<br>(GST exclusive)   | \$  |
|   | GST Amount   | \$  |
|   | APPROVAL TOTAL: (GST inclusive)  | \$336.60                                      |
| <ul> <li>All supporting documentation is</li> <li>Where applicable a valid Tax In</li> <li>The purpose of any travel or endetailed); and</li> </ul>                               | voice is attached; tertainment is related to official business.  he Minister details of cost recovery Signature  Date: | iness (unless specifically are attached.      |
|   | one 07 3227 8443   | ,   |
| MINISTERIAL SERVICES OFFICER: I certify that approved by competent authority; venification of goods supplied/service price or rate of charge correct discounts/allowances correct | * arithmetically correct,<br>es rendered; * not previously paid;<br>* invoices/requisitions a                          | ttacked: and<br>led against the correct codes |

Claims for Domestic Travel - See Overleaf

| <ul> <li>Procedures for Completing</li> <li>PROCEDURES FOR COMPLET</li> </ul>   |  | ,   |   |  |
|---|--|---|---|--|
| 1. Please complete the follow  (a) Ministerial Office  (b) Date cheque is requence  (c) Financial Year (e.g., d.g., d.g | ving areas on the from<br>ired (If urgent payment<br>1997/98)<br>If person/business to<br>If description of good<br>DRTANT that this is of<br>Its, invoices, entertain<br>Its, invoices, entertain | nt of this for<br>ent required<br>be paid)<br>s/services)<br>given)<br>nment form | orm:<br>d), or leave bla  | Ministerial Service - 1 AUS 2013  SECRIFICATION OF THE SERVICE |
| DOMESTIC TRAVEL CLAIM   | 000000   |   |   | $\Diamond$   |
| INCIDENTAL ALLC   | WANCE  |   | MEALA   | LLOWANGE   |
| The Incidental Allowance is pay Officer is away from their normal overnight. Rates are set out in the Handbook. Ministerial Services contacted for details.   | al place of duty<br>he Ministerial   | with the<br>Services<br>the indiv   | Ministerial Ha<br>s should be co<br>vidual Officer's<br>ne whether he | are payable in accordance ndbook. Ministerial ntacted for details. It is responsibility to /she is entitled to claim   |
| Date of Travel: From:   |  |   | To: L   |  |
| DATE BREAKFAST  | LUNCH D  | NNER S  | INCIDENTAL  | AMOUNT CLAIMED   |
|   |  |   |   |  |
|   |  |   |   |  |
| (0  |  |   | TOTA  |  |
|   | 7  |   | :   |  |
| CERTIFICATE OF OFFICER C  | LAIMING INCIDENT   | AL AND/C  | R MEAL ALL  | OWANCE   |
| l certify that:  " I have not previously claim " The travel for the above m Handbook; and " I have not claimed allowan accommodation were met   | ed this allowance for<br>entioned period was<br>ces on this form for t   | the above<br>for Official   | period;<br>purposes as d  | defined in the Ministerial   |

Last updated: November 2011 Page 2 of 2

NOTE: This form is not valid unless signed by the person claiming the allowance.

Signature: \_\_

**Department of the Premier and Cabinet** 

MINISTERIAL OFFICES

Document Number: 19/32399

|  | PENDITURE APPROVAL  |  |
|--|---|--|
| Ministerial Office: Treasurer and Mi<br>Financial Year: 2013/14<br>Return Cheque to:   | Urgent payment  | t required by: / / 20                        |
| VENDOR<br>(name of person/business to be paid)   | PARTICULARS   | AMOUNT                                       |
| The Clerk of the Parliament  | Catering for Trade Mission delegates briefing - 17 July 2013 - (account to be raised against Trade and Investment Queensland) | 315.00                                       |
|  | TOTAL<br>(GST exclusive)  | \$ 286.36                                    |
| . •  | GST Amount  | \$ 28.64                                     |
| <b>6</b> )   | APPROVAL TOTAL: (GST inclusive)   | \$ 315.00                                    |
| <ul> <li>All supporting documentation is a</li> <li>Where applicable a valid Tax Inv</li> <li>The purpose of any travel or enteddetailed); and</li> </ul>  | oice is attached;<br>ertainment is related to official busi<br>e Minister details of cost recovery                            | ness (unless specifically are attached.      |
| PREPARED BY: Name (please prin   | nt) Kim McInnes Date: 3°<br>one 3224 6909   | 1 July 2013                                  |
| MINISTERIAL SERVICES OFFICER: I certify that  † approved by competent authority;  * verification of goods supplied/services  * price or rate of charge correct;  † discounts/allowances correct;  Signature: | * invoices/requisitions a   | ttached; and<br>beagainst the correct codes: |

Claims for Domestic Travel - See Overleaf

Date:

Procedures for Completing Expenditure Approval - See Overleaf

## PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

- Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- 3. Only one vendor can appear on an Expenditure Approval.
- 4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

#### **DOMESTIC TRAVEL CLAIM**

| Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim | INCIDENTAL ALLOWANCE   | MEAL ALLOWANCE                                  |
|--|--|---|
| this attowance.  | Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be | Services should be contacted for details. It is |

| Date of Travel:  | From:   |          | To:        |                |
|--|---|----------|------------|----------------|
| There are a second to the control of | part of the state |          |            |                |
| DATE BR  | EAKFAST LUNG  | H DINNER | INCIDENTAL | AMOUNT CLAIMED |
|  |   |          |            |                |
|  |   |          |            |                |
|  |   |          |            |                |
|  |   |          |            |                |
|  |   |          | TOTAL      |                |

| CERTIFICATE OF OFFICER CLAIMING INCIDENTAL  | AND/OR MEAL ALLOWANCE  |  |
|---|--|--|
| I certify that:  I have not previously claimed this allowance for the The travel for the above mentioned period was for Handbook, and  I have not claimed allowances on this form for trips accommodation were met from another government. | Official purposes as defined in the Ministerial swhere the actual cost of meals or |  |
| Signature:  | _ Date:  |  |
| NOTE: This form is not valid unless signed by the pers  | on claiming the allowance.   |  |

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WINISTERIAL SERVICES

Last updated: November 2011

| Please print on yellow paper Depart   | ment of the Premier and Cabi                                 | net / MSB004                                |
|---|--|---|
|   | Document Number:   | 19/32436                                    |
|   | MINISTERIAL OFFICES  |   |
|   | XPENDITURE APPROVAL  | <u></u>                                     |
| Ministerial Office: <u>Premis</u>   | ers Office   |   |
| Financial Year: 2013  | - 2014 Urgent paymen   | at required by: / / 20                      |
| Return Cheque to:   | Phone:   |   |
| PAYG: Yes / No  |  |   |
| VENDOR<br>(name of person/business to be paid)  | PARTICULARS  | AMOUNT                                      |
| Lee Anderson  | Meal with Steve Wardill                                      | \$120.50                                    |
|   | TOTAL<br>(GST exclusive)                                     | \$ 109.55                                   |
|   | GST Amount   | \$ 10.95                                    |
|   | APPROVAL TOTAL: (GST inclusive)                              | \$ 120.50                                   |
| (c)   |  |   |
| <ul> <li>All supporting documentation is a</li> <li>Where applicable a valid Tax Inv</li> <li>The purpose of any travel or entedetailed); and</li> </ul>                                      | oice is attached;<br>ertainment is related to official busin | ness (unless specifically                   |
| 7 (   | e Minister details of cost recovery                          | are allached.                               |
| APPROVED: Signature   | 9  |   |
| Name (please print)   | JACOBSOV Date:   | 1/8/13                                      |
| PREPARED BY: Name (please prin  | •  | e: 1 Aug 2013                               |
| Pho   | ne <u>3405 3201</u>  |   |
|   |  |   |
| MINISTERIAL SERVICES OFFICER: I certify that: * approved by competent authority; * verification of goods supplied/services * price or rate of charge correct; * discounts/allowances correct; | * invoices/requisitions att                                  | tached; and<br>d against the correct codes. |
| Signature:  | Jili Allah   |   |

Claims for Domestic Travel - See Overleaf

Procedures for Completing Expenditure Approval - See Overleaf

# PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure
  approval
- 3. Only one vendor can appear on an Expenditure Approval.
- 4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

#### DOMESTIC TRAVEL CLAIM

|  | INCIDENTAL ALL   | OWANCE                           |   | MEAL ALL   | OWANCE   |  |
|--|--|----------------------------------|---|--|--|--|
| Officer is av<br>overnight. R<br>Handbook. | Incidental Allowance is payable where an cer is away from their normal place of duty night. Rates are set out in the Ministerial dbook. Ministerial Services should be acted for details.  |                                  | with the Service the ind determ                       | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |  |  |
| Date of Trav                               | vel: From:   |                                  |   | To:  |  |  |
| DATE                                       | BREAKFAST  | LUNCH                            | DINNER  | INCIDENTAL   | AMOUNT CLAIMED   |  |
|  | ATTERNATION OF THE PROPERTY OF |                                  | > ·   |  |  |  |
|  |  |                                  |   |  |  |  |
|  |  | (OP                              |   |  |  |  |
|  |  | (7/1)                            |   |  | 7  |  |
|  | (d)  |                                  |   | TOTAL  | The state of the s |  |
|  | 905  | 7                                |   |  |  |  |
| CERTIFICA                                  | TE OF OFFICER C  | LAIMING INCID                    | ENTAL AND/  | OR MEAL ALLOW  | VANCE  |  |
| I certify that:  I have I  The tra  Handbo | not previously claim   | ned this allowancentioned period | e for the above<br>was for Officia<br>for trips where | e period;<br>  purposes as defi<br>  the actual cost o   | ned in the Ministerial   |  |
| Signature:                                 |  |                                  | Da  | ate:   |  |  |

Last updated: November 2011 Page 2 of 2

NOTE: This form is not valid unless signed by the person claiming the allowance

Premier

Ministerial Services

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# **ENTERTAINMENT CERTIFICATION**

| Purpose of Entertainment and its connection with official duties in accordance with the Ministerial Handbook   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Lunch meeting with Steve Wardill Courier Mail to<br>discuss media issues   |  |  |  |  |  |  |
| discuss media issues   | 7,000  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| <u></u>  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Date of Function:    August 2013 (GST in Venue: R R 215 Elizals et la  | ost:<br>clusive) \$/20.50  |  |  |  |  |  |
| Venue: R&R 215 Elizalyeth.   | St Brishame  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| ATTENDEES (Note: People for whom expenditure   | was incurred).   |  |  |  |  |  |
| Name of Participants   | Organisation of Participants   |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Lee Anderson<br>Steve Wardill  | Premiers Office<br>Courier Mail  |  |  |  |  |  |
| SPENE WANAUX   | Cearer man   |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | <u> </u>   |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | · · · · · · · · · · · · · · · · · · ·  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| *Attach additional page if necessary (eg guest list)   |  |  |  |  |  |  |
| CERTIFICATION AND APPROVAL   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Certification of Claimant:   | Approval of Expenditure:   |  |  |  |  |  |
| I certify that the above entertainment was for official purposes in accordance with the Ministerial Handbook and the information above represents the true details in relation to the event. | The above expenditure is approved for payment in accordance with the Ministerial Handbook.  s.73 Signature |  |  |  |  |  |
| Signature of Claimant:   | Signature of 1/6/15  Minister A/OCOS Date  |  |  |  |  |  |

Department of the Premier and Cabinet MSB004

| Strategies and the strategies are strategies and the strategies and the strategies are strategies are strategies are strategies and the strategies are strategies are strategies are strategies and the strategies are | MINISTERIAL DESIGES  |   |  |  |  |  |
|---|--|---|--|--|--|--|
|   | EXPENDITURE APPROVAL   |   |  |  |  |  |
| Ministerial Office: of the  |  | 1 /20                                   |  |  |  |  |
| Financial Year: 2012 13   | Urgent payment   |   |  |  |  |  |
| Return Cheque to:   | Phone:   |   |  |  |  |  |
| PAYG: Yes / No  |  |   |  |  |  |  |
| (name of person/business to be paid).   | PARTICULARS  | AMOUNT                                  |  |  |  |  |
| putty Cash  | petty Cash reconciliation  | \$179.15                                |  |  |  |  |
|   | TOTAL<br>(GST exclusive)   | \$                                      |  |  |  |  |
|   | GST Amount   | \$                                      |  |  |  |  |
|   | APPROVAL TOTAL: (GST inclusive)  | \$ 179.15 /                             |  |  |  |  |
| <ul> <li>All supporting documentation is</li> <li>Where applicable a valid Tax Inv</li> <li>The purpose of any travel or ent detailed); and</li> <li>When guests are not assisting the state of the s</li></ul>      | voice is attached; certainment is related to official busine Minister details of cost recovery  aconsow  Date: | ness (unless specifically are attached. |  |  |  |  |
| MINISTERIAL SERVICES OFFICER:   |  |   |  |  |  |  |
| * approved by competent authority<br>* verification of goods supplied/service<br>* price of rate of charge correct;<br>* discounts/allowances correct<br>Signature  | serendered: * not previously paid: * involces/requisitions a * expenditure is recorde                          | d against the correct codes.            |  |  |  |  |
| Date. 00/08/1/  | 3 / 20/8/  | <u>/ (3 )</u>                           |  |  |  |  |

• Claims for Domestic Travel - See Overleaf

Procedures for Completing Expenditure Approval - See Overleaf

| DI | 500 | :FD | LIRE | SI | FOR | 0 | OMPL   | FTIN | G | FYP | FNDI | THRE   | : APPE            | ROVAL: |
|----|-----|-----|------|----|-----|---|--------|------|---|-----|------|--------|-------------------|--------|
|    |     |     | UIL  |    |     |   | OINT L |      | • | шлг |      | 1101/2 | . <i>P</i> SF F 1 | LUVEL. |

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- Only one vendor can appear on an Expenditure Approval.
- The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

#### DOMESTIC TRAVEL CLAIM

| INCIDENTAL ALLOWANCE   | MEALALLOWANCE  |
|--|--|
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details. | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |

| Date of Travel: | From: |               | R | To: |   |  |
|-----------------|-------|---------------|---|-----|---|--|
|                 |       | $\overline{}$ | / |     | - |  |

| DATE | <b>BIKGAKGAKA</b>  | EUNCH- | E PANKIER E | 選い(例)まれてA国連 | =¥AMO(U)\TEGEAMED |
|------|--|--------|-------------|-------------|-------------------|
|      |  |        |             |             | *                 |
|      | A REAL PROPERTY OF THE PROPERT |        |             |             |                   |
|      |  | (0)    |             |             |                   |
|      | ·  | (7/5)  |             |             |                   |
|      | (0   | 7)     |             | TOTAL       |                   |

# CERTIFICATE OF OFFICER CLAIMING INCIDENTAL AND/OR MEAL ALLOWANCE I certify that: I have not previously claimed this allowance for the above period; The travel for the above mentioned period was for Official purposes as defined in the Ministerial Handbook, and I have not claimed allowances on this form for trips where the actual cost of meals or accommodation were met from another government source e.g. conference or airline meals. Signature: Date: NOTE: This form is not valid unless signed by the person claiming the allowance.

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Last updated: November 2011 Page 2 of 2

Department of the Premier and Cabinet 19/3/821

|  | Document Number:                           | 13.00                                      |  |  |  |  |
|--|--|--|--|--|--|--|
|  | MINISTERIAL OFFICES<br>(PENDITURE APPROVAL |  |  |  |  |  |
| Ministerial Office: Treasurer and Minister for Trade   |  |  |  |  |  |  |
| Financial Year: 2012/2013  | Urgent paymen                              | t required by: / / 20                      |  |  |  |  |
| Return Cheque to:  | Phone:                                     |  |  |  |  |  |
| PAYG: Yes / No   |  |  |  |  |  |  |
| VENDOR<br>(name of person/business to be paid)   | PARTICULARS                                | AMOUNT                                     |  |  |  |  |
| Office of the Treasurer and<br>Minister for Trade  | Reimbursement of Petty Cash –<br>June 2013 | \$170.35                                   |  |  |  |  |
|  |  |  |  |  |  |  |
|  | TOTAL<br>(GST exclusive)                   | \$   |  |  |  |  |
|  | GST Amount                                 | \$   |  |  |  |  |
|  | APPROVAL TOTAL:  (GST inclusive)           | \$ 170.35                                  |  |  |  |  |
| <ul> <li>I certify that:</li> <li>Expenditure is approved and in accordance with the Queensland Ministerial Handbook;</li> <li>All supporting documentation is attached;</li> <li>Where applicable a valid Tax Invoice is attached;</li> <li>The purpose of any travel or entertainment is related to official business (unless specifically detailed); and</li> <li>When guests are not assisting the Minister details of cost recovery are attached.</li> </ul> APPROVED: Signature Name (please print) Tasmire Smits Date: 18.613 |  |  |  |  |  |  |
| PREPARED BY: Name (please print) Jasmine Smits (Office Manager) Date: 18.6.13  Phone 07 3227 8443  |  |  |  |  |  |  |
| MINISTERIAL SERVICES OFFICER: I certify that: * approved by competent authority: * verification of goods supplied/service * price or rate of charge correct: * discounts/allowances correct: Signature:  | * invoices/requisitions a                  | tached, and<br>Dagainst the correct codes. |  |  |  |  |

Claims for Domestic Travel - See Overleaf

Date:

Procedures for Completing Expenditure Approval - See Overleaf

# PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL: Please complete the following areas on the front of this form: (a) Ministerial Office (b) Date cheque is required (If urgent payment required), or leave blank (c) Financial Year (e.g. 1997/98) (d) Vendor (i.e. name of person/business to be paid) (e) Particulars (give brief description of goods/services) (f) Amount (VERY IMPORTANT that this is given) (g) Certificate of approving person (h) Prepared by details Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval Only one vendor can appear on an Expenditure Approval. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel DOMESTIC TRAVEL CLAIM INCIDENTAL ALLOWANCE MEAL ALLOWANCE The Incidental Allowance is payable where an Meal allowance rates are payable in accordance Officer is away from their normal place of duty with the Ministerial Handbook. Ministerial overnight. Rates are set out in the Ministerial Services should be contacted for details. It is Handbook. Ministerial Services should be the individual Officer's responsibility to contacted for details. determine whether he/she is entitled to claim this allowance. Date of Travel: From: To: DATE BREAKFAST LUNCH DINNER | INCIDENTAL | AMOUNT CLAIMED TOTAL CERTIFICATE OF OFFICER CLAIMING INCIDENTAL AND/OR MEAL ALLOWANCE I certify that: I have not previously claimed this allowance for the above period; The travel for the above mentioned period was for Official purposes as defined in the Ministerial Handbook, and I have not claimed allowances on this form for trips where the actual cost of meals or accommodation were met from another government source e.g. conference or airline meals. Signature: Date: NOTE: This form is not valid unless signed by the person claiming the allowance.

MINISTERIAL SERVICES
1 8 JUN 2013

Last updated: November 2011 Page 2 of 2

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| <b>-</b>   |   |  |  |  |  |
|--|---|--|--|--|--|
| Please print on yellow paper Departr   | nent of the Premier and Cabin                               | MSB004   |  |  |  |
|  | Document Number:  | 17/3/823   |  |  |  |
|  | MINISTERIAL OFFICES   | Committee of the Commit |  |  |  |
|  | h.'   | · · ·  |  |  |  |
| Ministerial Office:  | ey-(several + Minster to                                    | or worker  |  |  |  |
| Financial Year: 2012 - 2   | Urgent paymen   | t required by: // / 20   |  |  |  |
| Return Cheque to:  | Phone:  |  |  |  |  |
| PAYG: Yes / No   |   |  |  |  |  |
| VENDOR. (name of person/business to be paid).  | PARTICULARS   | AMOUNT   |  |  |  |
| Varias Pety Cash   |   | \$226.45   |  |  |  |
|  |   | ,  |  |  |  |
|  | TOTAL<br>(GST exclusive)                                    | \$   |  |  |  |
|  | GST Amount  | \$   |  |  |  |
|  | APPROVAL TOTAL:<br>(GST inclusive)                          | \$ 226.47.   |  |  |  |
| I certify that:  Expenditure is approved and in accordance with the Queensland Ministerial Handbook;  All supporting documentation is attached;  Where applicable a valid Tax Invoice is attached;  The purpose of any travel or entertainment is related detailed); and  When guests are not assisting the Minister details of  APPROVED: Signature |   |  |  |  |  |
| Name (please print) Dand   | Traser Date:  | 19.06.13   |  |  |  |
| PREPARED BY: Name (please pri  | PREPARED BY: Name (please print) Lelon Colore Date:/3.06. B |  |  |  |  |

| MINISTERIAL SERVICES OFFICER:                                       |  |
|---|--|
| I certify.that  |  |
| * approved by competent authority                                   | * arithmetically correct   |
| verification of goods supplied/services rendered                    | not previously paid:   |
| * price of rate of charge correct;<br>discounts/allowances correct; | * invoices/requisitions attached and * expenditure is recorded against the correct codes |
|   |  |
| Signature: W &  |  |
| Date / 1912 12  | 1/06/12  |
|   | 46/00/12   |
|   |  |



| 1  | Department of the Decreion and Cabia |                                       |  |  |  |
|--|--------------------------------------|---------------------------------------|--|--|--|
| Please print on yellow paper   | Department of the Premier and Cabir  | 10 210 / C                            |  |  |  |
|  | Document Number:                     | 11/3/865                              |  |  |  |
|  | MINISTERIAL OFFICES                  |                                       |  |  |  |
| Ministerial Office:  | EXPENDITURE APPROVAL                 |                                       |  |  |  |
| Ministerial Office:  | 77-13                                |                                       |  |  |  |
| Financial Year:  | Urgent paymen                        | t required by: / / 20                 |  |  |  |
| Return Cheque to:  | Phone:                               |                                       |  |  |  |
| PAYG: Yes / No   |                                      |                                       |  |  |  |
| VENDOR -   |                                      | AMOUNT -                              |  |  |  |
| (name of person/business-to-l  | 18 paid) = CoSlo                     |                                       |  |  |  |
| Pale Cosh  | Hery Carr                            | 4210110                               |  |  |  |
| Telly Cost   | reconciliation                       | PX40 40                               |  |  |  |
|  | TOTAL<br>(CST exclusive)             | \$                                    |  |  |  |
|  | GST Amount                           | \$                                    |  |  |  |
| APPROVAL TOTAL: \$ QUO, 40   |                                      |                                       |  |  |  |
| I certify that:  • Expenditure is approved and in accordance with the Queensland Ministerial Handbook;  • All supporting documentation is attached;  • Where applicable a valid Tax Invoice is attached;  • The purpose of any travel or entertainment is related to official business (unless specifically detailed); and |                                      |                                       |  |  |  |
| When guests are not assisting the Minister details of cost recovery are attached.      APPROVED: Signature  APPROVED: Signature  |                                      |                                       |  |  |  |
| Name (please print)  | RILIE JACOBSON Date:                 | 24/6/13 19N STRUCT ON OF THE PROPERTY |  |  |  |
| PREPARED BY: Name (please print) BC MCCAN Date: 04/6/(3  |                                      |                                       |  |  |  |

| MINISTERIAL SERVICES OFFICER  |   |
|---|---|
| Leginy out  | ** anthmetically correct  |
| ் verification ல் goods supplied/services rendered;                 | * not previously paid:  |
| * price or rate of charge correct:  A discounts/allowances correct: | invoices/requisitions attached, and expenditure is recovered against the correct codes. |
| Signature: How  | Judon -   |
| Date 12/08/13   | 22/10/12  |
| 77/0/18   | 47/00/47  |

· Claims for Domestic Travel - See Overleaf

#### Procedures for Completing Expenditure Approval - See Overleaf

## PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

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  - (c) Financial Year (e.g. 1997/98)
  - (d) **Vendor** (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
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  - (h) Prepared by details
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Last updated: November 2011 Page 2 of 2

RTID224.pdf - Page Number: 178 of 431

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**Department of the Premier and Cabinet** 

MSB004 Please print on yellow paper 31551 **Document Number:** MINISTERIAL OFFICES EXPENDITURE APPROVAL Ministerial Office: Attorney-General and Minister for Justice Financial Year: 2012 - 2013 Urgent payment required by: / 2013 Return Cheque to: Christian Lawl Socien PAYG: Yes / No VENDOR: \* **PARTICULARS** AMOUNT (name of person/business to be paid) \$110·0 nickers attached event AG & MON TOTAL (GST exclusive) GST Amount APPROVAL TOTAL: 110.00 (GST inclusive) I certify that: • Expenditure is approved and in accordance with the Queensland Ministerial Handbook; All supporting documentation is attached; Where applicable a valid Tax Invoice is attached; The purpose of any travel or entertainment is related to official business (unless specifically detailed); and When guests are not assisting the Minister details of cost recovery are attached APPROVED: Signature; Date: Name (please print): PREPARED BY: Name (please print): Shannon Ponting Date: 🔾

| MINISTERIAL SERVICES OFFICER:                                      |  |
|--|--|
| I certify that   |  |
| * approved by competent authority;                                 | * arithmetically correct;                            |
| <ul> <li>verification of goods supplied/services render</li> </ul> |  |
| * price or rate of charge correct;                                 | * invoices/requisitions attached; and                |
| * discounts/allowances correct;                                    | * expenditure is recorded against the correct codes. |
| Signature:   |  |
|  |  |
| Date: 12/06/13   | 15/06/13   |

Phone: (07) 3239 6413

Claims for Domestic Travel - See Overleaf

Procedures for Completing Expenditure Approval - See Overleaf

# PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- 3. Only one vendor can appear on an Expenditure Approval.
- 4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

#### DOMESTIC TRAVEL CLAIM

| INCIDENTAL ALLOWANCE   | MEAL ALLOWANCE   |
|--|--|
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details. | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |

| Date of Trave | el: From: |       |          | To:       |                  |
|---------------|-----------|-------|----------|-----------|------------------|
| DATE          | BREAKFAST | LUNCH | DINNER   | INCIDENTA |                  |
|               |           | CONCR | CHANEK   | INCIDENTA | L AMOUNT CLAIMED |
|               |           |       | <u> </u> |           |                  |
|               |           |       | V<br>I   | u d       |                  |
|               |           |       |          |           |                  |
|               |           | (7/3) |          |           |                  |
| <u> </u>      |           | 2)    |          | тота      | AL .             |

| <u> </u>  |  |
|---|--|
| CERTIFICATE OF OFFICER CLAIMIN                  | NG INCIDENTAL AND/OR MEAL ALLOWANCE  |
| Handbook; and I have not claimed allowances on  | allowance for the above period; ed period was for Official purposes as defined in the Ministerial this form for trips where the actual cost of meals or nother government source e.g. conference or airline meals. |
| Signature:                                      | Date:  |
| NOTE: This form is not valid unless significant | gned by the person claiming the allowance.   |

Ministerial Services
1 2 JUN 2013
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Last updated: November 2011

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Department of the Premier and Cabinet

cument Number: 19/32008

|  | Document Number:  | 11/32008                                 |  |  |  |
|--|---|--|--|--|--|
| MINISTERIAL OFFICES.   |   |  |  |  |  |
| E>   | (PENDITURE APPROVAL   |  |  |  |  |
| Ministerial Office: Treasurer and M  | linister for Trade  |  |  |  |  |
| Financial Year: 2012/2013  | Urgent payment  | t required by: / / 20                    |  |  |  |
| Return Cheque to:  | Phone:  |  |  |  |  |
| PAYG: Yes / No   | **************************************  |  |  |  |  |
| VENDOR<br>(tilame of person/business to be paid)   | PARTICULARS   | AMOUNT                                   |  |  |  |
| Eagle St News  | Newspapers – 3/6/13 to 30/06/13   | \$322.20                                 |  |  |  |
|  |   |  |  |  |  |
|  | (GST exclusive)   | \$                                       |  |  |  |
| GST Amount \$  |   |  |  |  |  |
|  | APPROVAL TOTAL:<br>(GST inclusive)  | \$322.20                                 |  |  |  |
| <ul> <li>All supporting documentation is</li> <li>Where applicable a valid Tax Inv</li> <li>The purpose of any travel or ent detailed); and</li> <li>When guests are not assisting to standard and st</li></ul> | voice is attached; entainment is related to official busine Minister details of cost recovery  Signature  Date: | iness (unless specifically are attached. |  |  |  |
| MINISTERIAL SERVICES OFFICER: I derirly that: * approved by competent authority * antimetically correct * verification or goods supplied/services rendered. * riot previously paid, * price or rate of charge correct. * involces/requisitions attached, and   |   |  |  |  |  |

Claims for Domestic Travel - See Overleaf

Signature:

Date:

Procedures for Completing Expenditure Approval - See Overleaf

# PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

- Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person

(h) Prepared by details

MINISTERIAL SERVICES

- 2 JUL 20(3)

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- 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- 3. Only one vendor can appear on an Expenditure Approval.
- 4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

#### DOMESTIC TRAVEL CLAIM

|  | Western Management and Control of the Control of th |
|--|--|
| INCIDENTAL ALLOWANCE   | MEAL ALLOWANCE   |
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details. | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance.   |
| Date of Travel: From:  | To:  |
|  |  |
| DATE BREAKFAST LUNCH DIN   | NER   INCIDENTAL   AMOUNT CLAIMED  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | TOTAL  |
| 907  |  |
| CERTIFICATE OF OFFICER OF A MANAGEMENT   | TO AND TO THE STATE OF THE STAT |

| CERTIFICATE OF OFFICER CLAIMING                          | INGIDENTAL AND/OR MEAL ALLOW   | ANCE     |
|--|--|----------|
| напароок; and<br>" I have not claimed allowances on this | owance for the above period;<br>eriod was for Official purposes as defin<br>s form for trips where the actual cost of<br>her government source e.g. conference | meals or |
| Signature:   | Date:  |          |
| NOTE: This form is not valid unless signe                | d by the person claiming the allowance   | 3,       |

Department of the Premier and Cabinet /9/2/52 9

|  | Document Number:  | 11013-0  |
|--|---|--|
|  |   |  |
| E  | (PENDITURE APPROVAL   |  |
| <b>Winisterial Office:</b> Treasurer and M   | linister for Trade  |  |
| Financial Year: 2012/2013  | Urgent paymen   | nt required by: // / 20  |
| Return Cheque to:  | Phone:  |  |
| PAYG: Yes / No   |   |  |
| VENDOR   |   | 1  |
| (name of person/business to be paid)   | PARTICULARS   | AMOUNT   |
| Eagle St News  | Newspapers – 29/4/13 to 2/06/13   | \$420.50   |
|  | TOTAL<br>(GST exclusive)  | \$   |
|  | GST Amount  | \$   |
|  | APPROVAL TOTAL:   | \$420.50   |
| · · · · · · · · · · · · · · · · · · ·  | (GST inclusive)   | TO THE PERSON NAMED OF THE |
| <ul> <li>All supporting documentation is</li> <li>Where applicable a valid Tax Inv</li> <li>The purpose of any travel or ent detailed); and</li> <li>When guests are not assisting to a serious signal s</li></ul> | voice is attached; tertainment is related to official bus the Minister details of cost recovery ture  Date: | iness (unless specifically are attached.   |
|  | one 07 3227 8443  |  |
| MINISTERIAL SERVICES OFFICER: I certify that: * approved by competent authority; * verification of goods supplied/service * price or rate of charge correct; * discounts/allowances.correct;   | * invoices/requisitions :<br>* expenditure is record  |  |
| Signature:   | Wise Mile   |  |
| Date: 1//06//3   | (1 126/13   |  |

Claims for Domestic Travel - See Overleaf

Procedures for Completing Expenditure Approval - See Overleaf

| DDACENHOES | 20 C   | ~~karsi | E 10 10 10 10 10 10 10 10 10 10 10 10 10 | <b>EXPENDITURE</b> | 0 PO PO PO A 1 2 1 |
|------------|--------|---------|--|--------------------|--------------------|
| INCOEDUMES | L C 15 |         |  | EXECUTAL TAKE      | APPROVAL.          |

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
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|--|--|
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| Date Of Havel. | From;       |       | <u> </u>       | То: [   |               |     |
|----------------|-------------|-------|----------------|---|---------------|-----|
|                | BREAKFAST   |       |                | Marie Company of the |               | -   |
| DATE           | DREMNEADI . | LUNCH | DINNER         | INCIDENTAL  | - AMOUNT CLAI | MED |
|                |             |       |                |   |               |     |
|                |             |       | ) <sup>*</sup> |   |               |     |
|                |             |       |                |   |               | NA. |
|                |             | (7/5) |                |   |               |     |
|                | (2)         |       |                | ₹ 50.   |               |     |

| CER   | FICATE OF OFFICER CLAIMING INCIDENTAL AND/OR MEAL ALLOWANCE   |
|-------|---|
| <br>  | that: have not previously claimed this allowance for the above period; he travel for the above mentioned period was for Official purposes as defined in the Ministerial andbook; and have not claimed allowances on this form for trips where the actual cost of meals or accommodation were met from another government source e.g. conference or airline meals. |
| Signa | ıre: Date:  |
| NOT   | This form is not valid unless signed by the person claiming the allowance.  |

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MINISTERIAL SERVICES

Last updated: November 2011 Page 2 of 2

# Department of the Premier and Cabinet

MSB004

|  | Document Number:   |  |
|--|--|--|
|  |  |  |
| LE   | XPENDITURE APPROVAL  | · · · · · · · · · · · · · · · · · · ·        |
| Ministerial Office: Treasurer and M  | <i>f</i> linister for Trade  |  |
| Financial Year: 2013/14  | Urgent payment   | t required by: // /20                        |
| Return Cheque to:  | Phone:   |  |
| PAYG: Yes / No   |  |  |
| VENDOR<br>(name of person/business to be paid)   | PARTICULARS  | AMOUNT                                       |
| Commonwealth Bank Credit Card  | Expenses re overseas Trade<br>Mission 20 July – 3 August<br>2013   | 5309.50                                      |
|  |  |  |
|  | TOTAL<br>(GST exclusive)   | \$   |
|  | GST Amount   | \$   |
|  | APPROVAL TOTAL:<br>(GST inclusive)   | \$ 5309.50                                   |
| <ul> <li>All supporting documentation is</li> <li>Where applicable a valid Tax In</li> <li>The purpose of any travel or ent detailed); and</li> </ul>  |  | ness (unless specifically                    |
| APPROVED: Signature  | TOOKS Date: 10.0   | 2.40   |
| Name (please print) The Hon T  |  |  |
|  | nt) Kim McInnes Date: 19.08.1<br>one 3224 6909   | 3  |
| MINISTERIAL SERVICES OFFICER: I certify that: * approved by competent authority; * verification of goods supplied/service * price or rate of charge correct; * discounts/allowances correct; | * invoices/requisitions at   | ttached; and<br>d against the correct codes. |
| Signature:   | <u>alen Berger (anter Dalen gertik ar Malina Jarg</u> real tit al Jarabake (anter jagen).<br>Tit kritiska (anter Dalen gertik ar Jarabake (anter Jarabake ).   |  |
| Date:  | en de la comita de la formación de la comita de la comita<br>De la comita de la c |  |

- Claims for Domestic Travel See Overleaf
- Procedures for Completing Expenditure Approval See Overleaf

# PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

- Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date **cheque is required** (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
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  - (f) Amount (VERY IMPORTANT that this is given)
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  - (h) Prepared by details
- Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval

|  | TRAVEL CLAIM  | 25 8 19 (19 (19 (19 (19 (19 (19 (19 (19 (19                                      | 72   |  | > Section of the sect |
|--|---|--|--|--|--|
| IN   | NCIDENTAL ALLO  | )WANCE   |  | WEAL ALL   | OWANCE   |
| Officer is awa overnight. Ra   | al Allowance is pay<br>ay from their norma<br>ates are set out in t<br>Ministerial Services<br>details. | al place of duty<br>the Ministerial  | with the<br>Service<br>the indi<br>determi       | e Ministerial Handt<br>es should be conta<br>ividual Officer's res   | acted for details. It is   |
| Date of Trave  | el: From:   |  |  | To:  |  |
| DATE   | BREAKFAST   | LUNCH  | DINNER   | INCIDENTAL   | AMOUNT CLAIMED   |
| - market and the second se |   |  |  | The state of the s | The second secon |
| -  |   | 37   | 7  |  |  |
| <del>.</del>   |   |  |  |  |  |
|  |   | (7/A)  |  |  |  |
| <del></del>  | (   | 7  |  | TOTAL  |  |
| troubertainer (1.1)  |   |  | RAGONALISM SV                                    | Alter John William Institute States  | Transport gang gapan bergi sa pang penggang Talah sang panggan sa  |
| I certify that:  " I have n  The trav  Handbo " I have n   | not previously clain<br>vel for the above n<br>ook, and<br>not claimed allowal                          | med this allowance nentioned period wance on this form for the from another gove | for the abov<br>as for Officia<br>or trips where | re period;<br>al purposes as defi<br>re the actual cost o  | fined in the Ministerial   |

| MINI | ST | ERIAL ( | SERVICES |
|------|----|---------|----------|
| 2    | 0  | AUG     | 2013     |

Signature: \_

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Last updated: November 2011 Page 2 of 2

NOTE: This form is not valid unless signed by the person claiming the allowance.

Date: \_\_\_\_

# **ENTERTAINMENT CERTIFICATION**

Purpose of Entertainment and its connection with official duties in accordance with the Ministerial

Working dinner – Personal brief by the Ambassador on opportunities for Queensland business, particularly in respect to financial services

Date of 22 July 2013 Total Cost: 391.15
Function: (GST inclusive)

Venue: Sky Lounge, Intercontinental Seoul COEX

ATTENDEES (Note: People for whom expenditure was incurred).

| Name of Participants    | Organisation of Participants                                |  |  |
|-------------------------|---|--|--|
| The Hon Tim Nicholls MP | Treasurer and Minister for Trade                            |  |  |
| Matthew Jeffries        | Deputy Chief of Staff and Senior Policy Advisor             |  |  |
| Bill Paterson PSM       | Australian Ambassador to Korea                              |  |  |
| Andrew Park             | Head of External Affairs, Queensland Investment Corporation |  |  |
|                         |   |  |  |

<sup>\*</sup>Attach additional page if necessary (eg guest list)

# CERTIFICATION AND APPROVAL

| Certification of Claimant:  |           | Approval of Expenditure:   |
|---|-----------|--|
| I certify that the above entertainment<br>purposes in accordance with the Mir<br>Handbook and the information above<br>true details in relation to the event. | nisterial | The above expenditure is approved for payment in accordance with the Ministerial Handbook. |
| Signature of Claimant:  | Date      | Signature of www will Date 4/9/5   |

## **Department of the Premier and Cabinet**

MSB004

| Document Number:   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  | MINISTERIAL OFFICES  (PENDITURE APPROVAL   |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Ministerial Office: Treasurer and M  | linister for Trade   |  |  |  |  |  |
| Financial Year: 2013/14  | Urgent payment   | t required by: / / 20                        |  |  |  |  |
| Return Cheque to:  | Phone:   |  |  |  |  |  |
| PAYG: Yes / No   |  |  |  |  |  |  |
| VENDOR<br>(name of person/business to be paid)   | PARTICULARS  | AMOUNT                                       |  |  |  |  |
| Commonwealth Bank Credit Card  | Expenses re QTC Global<br>Roadshow 23 September to 6<br>October 2013 – Hon Tim<br>Nicholls   | 631.05                                       |  |  |  |  |
|  | (GST exclusive)  | \$   |  |  |  |  |
|  | GST Amount   | \$   |  |  |  |  |
| APPROVAL TOTAL: (GST inclusive) \$ 631.05  |  |  |  |  |  |  |
| <ul> <li>Expenditure is approved and in accordance with the Queensland Ministerial Handbook;</li> <li>All supporting documentation is attached,</li> <li>Where applicable a valid Tax (nvoice is attached;</li> <li>The purpose of any travel or entertainment is related to official business (unless specifically detailed); and</li> <li>When guests are not assisting the Minister details of cost recovery are attached.</li> </ul> APPROVED: Signature Name (please print) The Hon Tim Nicholls, MP Date: 15.11.13 |  |  |  |  |  |  |
|  | nt) Kim McInnes Date: 15.11.1<br>one 3719 7212   |  |  |  |  |  |
| MINISTERIAL SERVICES OFFICER: I certify that approved by competent authority; verification of goods supplied/service price or rate of charge correct; discounts/allowances correct;  | * invoices/requisitions at   | ttached; and<br>d against the correct codes. |  |  |  |  |
| Signature:   | a dan sa Ngaraji sa dijersay sing diterpak 1977 ka Mada  |  |  |  |  |  |
| Date:  | tille sedden i stereg fan de skriver fan de steregen fan de steregen fan de skriver fan de skriver fan de skri<br>De til sedden fan de skriver fan de |  |  |  |  |  |

- Claims for Domestic Travel See Overleaf
- Procedures for Completing Expenditure Approval See Overleaf

## PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

- 1. Please complete the following areas on the front of this form:
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  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
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- 3. Only one vendor can appear on an Expenditure Approval.

From:

4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

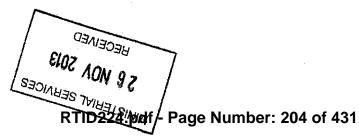
#### DOMESTIC TRAVEL CLAIM

Date of Travel:

| INCIDENTAL ALLOWANCE   | MEAL ALLOWANCE   |
|--|--|
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details. | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |

| DATE | BREAKFAST | LUNCH | DINNER | INCIDENTAL | AMOUNT CLAIMED |
|------|-----------|-------|--------|------------|----------------|
|      |           |       |        |            |                |
|      |           |       | ) ·    |            |                |
|      |           |       |        |            |                |
| _    |           |       |        |            |                |
| -    | (0        |       |        | TOTAL      |                |

# CERTIFICATE OF OFFICER CLAIMING INCIDENTAL AND/OR MEAL ALLOWANCE I certify that: I have not previously claimed this allowance for the above period; The travel for the above mentioned period was for Official purposes as defined in the Ministerial Handbook; and I have not claimed allowances on this form for trips where the actual cost of meals or accommodation were met from another government source e.g. conference or airline meals. Signature: Date: NOTE: This form is not valid unless signed by the person claiming the allowance.



Last updated: November 2011 Page 2 of 2

# **ENTERTAINMENT CERTIFICATION**

| Working Breakfast – briefing for Trade lur   | ncheon in Los Angelese   |
|--|--|
| Promise Promise for the contract of the contra | 101,001 III E00 / Higgieoc   |
|  |  |
|  |  |
|  |  |
|  |  |
| ate of 4 October 2013  | Total Cost: 61.04  |
| unction:   | (GST inclusive)  |
| enue: Intercontinental Los Ange  | eles Century City Park Grill   |
|  |  |
| TENDEES (Note: People for whom e   | xpenditure was incurred).  |
|  |  |
| Name of Participants   | Organisation of Participants   |
| he Hon Tim Nicholls MP   | Treasurer and Minister for Trade   |
| avid Carmerlengo   | Acting Trade Commissioner – The Americas, Trade  |
|  | and Investment Qld   |
|  |  |
|  |  |
| ·  |  |
|  |  |
|  |  |
|  |  |
|  | <u> </u>   |
|  |  |
| <u> </u>   |  |
| tach additional page if necessary (eg guest list)  |  |
| ERTIFICATION AND APPRO   | OVAL   |
| (0)  | en 1971 en en 1971 (1981 en europe en  |
| ertification of Claimant   | Approval of Expenditure:   |
|  | for official. The characteristics in the char |
| certify that the above entertainment was<br>purposes in accordance with the Ministeri  |  |
| landbook and the information above repr  |  |
| rua datalla in ralation to the accept  |  |
| rue details in relation to the event.  | Signature of Mullelle por 23/16  |

# Department of the Premier and Cabinet

100015395

MSB004

**Document Number:** 

| MINISTERIAL OFFICES  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| EXPENDITURE APPROVAL   |  |  |  |  |  |  |  |
| Ministerial Office:  | Ministerial Office: Vari Dus   |  |  |  |  |  |  |
| Financial Year:  | Urgent payment   | t required by: / / 20                    |  |  |  |  |  |
| Return Cheque to:  | Phone:   |  |  |  |  |  |  |
| PAYG: Yes / No   |  |  |  |  |  |  |  |
| VENDOR<br>(name of person/business to be paid)   | PARTICULARS  | <b>JAMÖUNT</b>                           |  |  |  |  |  |
| CBA  | Mastercord charges  San 2014   |  |  |  |  |  |  |
|  | 5an 2014   | > ·                                      |  |  |  |  |  |
|  | TOTAL<br>(GST exclusive)   | \$                                       |  |  |  |  |  |
|  | GST Amount   | \$                                       |  |  |  |  |  |
|  | APPROVAL TOTAL: (GST inclusive)  | \$ 875.43                                |  |  |  |  |  |
| All supporting documentation is     Where applicable a valid Tax Inv     The purpose of any travel or ent detailed); and     When guests are not assisting the support of the purpose of any travel or ent detailed); and     When guests are not assisting the support of the purpose of the | voice is attached; ertainment is related to official busine Minister details of cost recovery s.73 Signature  MONENO Date: | are attached.                            |  |  |  |  |  |
| MINISTERIAL SERVICES OFFICER: I certify that: * approved by competent authority; * verification of goods supplied/service * price or rate of charge correct; * discounts/allowances correct;  Signature;  Date:  | invoices/requisitions a  | itlached; and against the correct codes. |  |  |  |  |  |

- Claims for Domestic Travel See Overleaf
- Procedures for Completing Expenditure Approval See Overleaf

Last updated: November 2011

## PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

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| DOMESTIC TRAVEL CLAIM  |  |  |  |
|--|--|--|--|
| INCIDENTAL ALLOWANCE   | MEALALLOWANCE  |  |  |
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details.                   | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |  |  |
| Date of Travel: From:  | То:  |  |  |
| DATE BREAKFAST LUNCH C   | INNER INCIDENTAL AMOUNT CLAIMED  |  |  |
|  |  |  |  |
|  | <del></del>  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | TOTAL  |  |  |
|  |  |  |  |
| CERTIFICATE OF OFFICER CLAIMING INCIDENT   | TAL AND/OR MEAL ALLOWANCE  |  |  |
| I certify that:  " I have not previously claimed this allowance fo  " The travel for the above mentioned period was Handbook, and  " I have not claimed allowances on this form for accommodation were met from another govern | for Official purposes as defined in the Ministerial trips where the actual cost of meals or  |  |  |
| NOTE: This form is not valid unless signed by the p  |  |  |  |
| THO TE. This form is not valid unless signed by the p  | lerson claiming the allowance.   |  |  |



Last updated: November 2011

## Paolo Cecchini

From:

Rod Moreno

Sent:

Wednesday, 8 January 2014 4:38 PM

To:

Paolo Cecchini

Subject:

Coffee machine - Premier's Office

Paolo, could you please grab the following items from ALDI

1 x Expressi Multi Beverage Capsule Machine (Black)

\$79

1 x Milk Frother

\$28

10 x boxes of Colombia pods

\$3 per pack

10 x boxes of Kenya pods

\$3 per pack

Can you also please get a coffee pod stand from Myer.





## Rod Moreno

**Administration Manager Ministerial Services** Department of Premier & Cabinet

Level 1, 100 George St | Brisbane Queensland 4000 t: (07) 3003 9076 | f: (07) 3221 0794

e: rod.moreno@premiers.qld.gov.au

## olo Cecchini

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Ministerial Services
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e: rod.moreno@premiers.qld gov.au



Department of Premier and Cabinet

- Ministerial Services Level 1, Executive Building 100 George Street, Brisbane PO Box 15185 CITY EAST, QLD, 4002

ABN: 65959415158

QUEENSLAND TREASURY AND TRADE

GPO BOX 611

BRISBANE QLD 4001

# TAX INVOICE

Invoice Date

26.08,2013

Invoice No.

1800001137

Customer No.

20001612

Due Date

26.08.2013

Amount Due

\$315.00

**Contact Details** 

International

+61 7 3405 0970

Contact

Accounts Receivable Officer

Phone

32246515

#### Additional Information:

Attn: Julie Westley Phone: 3224 4023

Payment Terms: Payable immediately Due net

| Line<br>Item | Description                                 | Amount excl GST | GST                                   | Total  |
|--------------|---|-----------------|---------------------------------------|--------|
| 0001         | Recoup catering for Trade Mission delagates | 286.36          | 28.64                                 | 315.00 |
|              |   |                 |                                       |        |
|              |   | ); ·            |                                       |        |
|              |   |                 |                                       |        |
|              |   |                 |                                       |        |
|              |   |                 |                                       |        |
|              |   |                 | ·                                     |        |
|              |   |                 | · · · · · · · · · · · · · · · · · · · |        |
|              |   | ·               |                                       |        |
|              | ТОТА  | AL 286.36       | 28.64                                 | 315.00 |

Total Amount Payable excl GST

Total Amount Payable incl GST

GST Amount Payable

286.36

315.00

28.64

\$

\$

\$

#### **Payment Options**



#### Payment by Mail

Tear off the payment slip and complete payment details. Cheque or money order to be made payable to:

Department of Premier and Cabinet - Ministerial Services PO Box 15185 CITY EAST, QLD, 4002





#### Payment in Person

Please present this account intact with your payment to:

Department of Premier and Cabinet - Ministerial Services Level 1, Executive Building 100 George Street BRISBANE, QLD, 4000



#### Payment by Direct Deposit

Please deposit your payment directly into the following account quoting the reference number provided.

BSB/Account

064-013 10005664

Reference Number

1800001137



| - |    |   |   |   |    |
|---|----|---|---|---|----|
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|   | 11 | v | а | u | м  |
|   |    |   |   |   |    |

The Queensland Government is committed to protecting your privacy. Your personal details will be securely stored on a Queensland Government database which will only be accessible by authorised persons of government agencies where the disclosure is necessary to fulfil statutory, administrative or other public responsibilities. The personal information will only be used for the purpose for which you provide it and will not be given to another person or body without your consent, or unless required by law. Details of the Queensland Government Privacy Scheme can be accessed through http://www.justice.qld.gov.au/dept/privacy.htm.

| Change to Personal De | taı | İS |
|-----------------------|-----|----|
|-----------------------|-----|----|

Plice direct any changes of personal details to the contact person listed in the 'Contact Details' section on the first page.

|            | Payment Slip |
|------------|--------------|
|            | •            |
|            |              |
|            |              |
| Due Date   | 26.08.2013   |
| Amount Due | \$315.00     |
|            | •            |
| Total \$   |              |
|            |              |

Payment Slip must be provided when making payment. Refer to the payment options for further details.

## **MINISTERIAL SERVICES DEBIT NOTE REQUEST** not delucaletion itele Trade and Investment Queensland SEDERO TOATKO Julie Westley ph: 3224 4023 APPRES GPO Box 611, BRISBANE QLD 4001 MACULTI CETILE \$ 286.36 28.64 (STINGL) 315.00 Welchell Miller 530008 entled salufflireo 4204023 FUSINESE AREV 4200 TAX CODS PG Recoup catering for Trade Mission delegates briefing on 17/07/13. ADDECT OF [EOOGE OFFICE CONTRACTORS SERVICE Patricia Butler GHEGIKELEW: 100 VV 00100112 01.08.2013 18/ 년(1 대왕의 기명/

# Department of the Premier and Cabinet

MSB004

|   | Document Number:  |   |
|---|---|---|
|   | MINISTERIAL OFFICES   |   |
| E)  | XPENDITURE APPROVAL   | Particular and the control of the graph terms of experience and an experience of the control of |
| Ministerial Office: Treasurer and M   | · · · · · · · · · · · · · · · · · · ·   |   |
| Financial Year: 2013/14 Return Cheque to:   | Urgent paymen   | t required by: / / 20   |
| PAYG: Yes / No  | Phone:  |   |
| VENDOR  |   |   |
| (name of person/business to be paid)  | PARTICULARS   | AMOUNT  |
| The Clerk of the Parliament   | Catering for Trade Mission  | 315.00  |
|   | delegates briefing - 17 July  | 313.00  |
|   | 2013 – (account to be raised  | $(\mathcal{N})$   |
|   | against Trade and Investment  | <b>X</b> /  |
|   | Queensland)   |   |
|   | \ \ \   |   |
|   |   |   |
|   | TOTAL   | ¢ 000.00  |
|   | (GST exclusive)   | \$ 286.36   |
| <u> </u>  | GST Amount  | \$ 28.64  |
| ·   | APPROVAL TOTAL:<br>(GST inclusive)  | \$ 315.00   |
|   | (OCT INGLISTS)  |   |
| I certify that:   |   |   |
| Expenditure is approved and in a  | accordance with the Queensland M  | inisterial Handbook;  |
| <ul><li>All supporting documentation is a</li><li>Where applicable a valid Tax Inv</li></ul>              |   |   |
| The nurnose of any travel or enter  | roice is attached;<br>ertainment is related to official busi  | sees Amileas en saldianille.  |
| detailed); and  | arraniment is telated to official busi  | ness (unless specifically   |
|   | ne Minister details of cost recovery  | are attached.   |
| s.73 Signa  |   |   |
| APPROVED: Signature   | ) <del>-</del>  |   |
|   |   |   |
| Name (please print) Gerard Ber  | nedet – Chief of Staff Date: 31 Ju  | uly 2013  |
| (42)  |   |   |
| PREPARED BY: Name (please prin  | nt) Kim McInnes Date: 31  | I July 2013   |
|   | one 3224 6909   | 1 July 2013   |
| (77)  |   |   |
| MINISTERIAL SERVICES OFFICER:   |   |   |
| I certify that:   |   |   |
| <ul> <li>* approved by competent authority;</li> <li>* verification of goods supplied/services</li> </ul> | * arithmetically correct;   |   |
| * price or rate of charge correct;  | s rendered; * not previously paid;<br>* involces/requisitions at  | flached and   |
| * discounts/allowances correct;   |   | d against the correct codes.  |
| Signature:  | e proposition de la p<br>La proposition de la |   |
| Date  | स्थितकार्यः स्थानसम्बद्धिः स्थानस्य त्राप्तिः स्थानसम्बद्धाः ।<br>स्थानसम्बद्धाः  |   |
|   | 580 - 580 - 50 - 50 - 50 - 50 - 50 - 50   |   |

- Claims for Domestic Travel See Overleaf
- Procedures for Completing Expenditure Approval See Overleaf

Last updated: November 2011 Page 2 of 2

Department of the Premier and Cabinet

MSB004

| Document Number: | <br>19 | 26 | 94 | 12 |
|------------------|--------|----|----|----|
|                  |        |    |    |    |

| STORES IN THE STORE STORE AND ADDRESS OF THE STORE STORE STORES AND ADDRESS OF THE STORE S | MINISTERIAL OFFICES  |                            |
|--|--|----------------------------|
| <u>E</u>   | KPENDITURE APPROVAL  |                            |
| Ministerial Office: Treasurer and M  | linister for Trade   |                            |
| Financial Year: 2011/2012  | Urgent payment   | t required by: / / 20      |
| Return Cheque to:  | Phone:   |                            |
| PAYG: Yes / No   | Hamilian Alban and Lalandallin solven public Lines   |                            |
| VENDOR<br>(name of person/business to be paid)   | PARTICULARS  | AMOUNT                     |
|  | _ <  | $\bigcirc$                 |
| Cuisine on Cue   | Sandwich lunch for 14 core<br>CBRC attendees   | 110.00                     |
| 6001464  | ODITO SILOTISTO  |                            |
|  | (GST exclusive)  | \$                         |
|  | GST Amount   | \$                         |
|  | APPROVAL TOTAL:<br>(GST inclusive)   | \$ 110.00                  |
| I certify that:  |  |                            |
| <ul> <li>Expenditure is approved and in a</li> <li>All supporting documentation is</li> </ul>  | accordance with the Queensland M<br>attached:  | linisterial Handbook;      |
| Where applicable a valid Tax Inv.  |  |                            |
| The purpose of any travel or ent   | ertainment is related to official busi   | iness (unless specifically |
| detailed); and  When quests are not assisting the  | he Minister details of cost recovery   | are attached               |
| Viller gueste are not decicing   | in the state of th | are altabilied.            |
| APPROVED: Signature - See attac  | ched Hospitality Certification   | /                          |
| Name (please print)  | Date:  |                            |

| MINISTERIAL SERVI                          | CES OFFICER:                         |  |  |
|--|--------------------------------------|--|--|
| If certify that the second                 |                                      |  |  |
| r-approved by compe                        |                                      | a in a film relically conjection                       | A PARTY OF THE PAR |
| 大学的 100 100 100 100 100 100 100 100 100 10 | supplied/services rende              | ied v i willier ble∧lonalA balg bir                    |  |
| Proce or rate of char                      |                                      | invoices/reduisitions a                                |  |
| sdiscounts/allowance                       | S.COGECT .                           | * * expenditure is recorde                             | dragainst ine correct codes  |
| Signature                                  | WVse                                 | 1113   |  |
|  | as on a Maria paral di ar-cata de-se | in supering and strong from the little of the first of |  |
| Date:                                      | 1/3/1/12                             | 5/7/12   |  |
| 200 年 10 年 10 年 10 年 10 日 10 日 10 日 10 日   |                                      |  | · 在一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个  |

PREPARED BY: Name (please print) Jasmine Smits (Office Manager) Date: 29/06/12

Phone 07 32246900

Claims for Domestic Travel - See Overleaf

Procedures for Completing Expenditure Approval - See Overleaf

# PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

- Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) **Vendor** (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- Only one vendor can appear on an Expenditure Approval.
- The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

| DOMESTIC TRAV  | EL CLAIM  | _   |  |   |          |
|--|---|---|--|---|----------|
| INCIDE   | NTAL ALLOWANCE  |   | MEALAL   | -OWANCE   |          |
| Officer is away from<br>overnight. Rates are                               | vance is payable where an<br>their normal place of dut<br>e set out in the Ministerial<br>rial Services should be<br>s. | y with the<br>Service<br>the find<br>determ | e Ministerial Hand<br>es should be cont<br>fividual Officer's re | e payable in accorda<br>lbook. Ministerial<br>acted for details. It is<br>esponsibility to<br>ne is entitled to claim | 5        |
| Date of Travel:  | From:   |   | То:  |   |          |
| DATE   | akfastu i Lungh   | E DINNER                                    | INGIDENTAL   | <b>HAMOUNT GLAIM</b>  | ED 3     |
|  |   |   |  |   | my       |
|  |   |   |  |   | +        |
|  |   |   |  |   | 7        |
| -  | (7/5)   | <u> </u>                                    |  |   | - 3 C:   |
|  | (5)   | · <b>I</b>                                  | TOTAL  |   | 3 3      |
|  | 907   | · · · · · · · · · · · · · · · · · · ·       | 3  |   | -12 J    |
| CERTIFICATE (CE)   | FFICER CLAIMING INC   | IDENTAL AND                                 | OR MEAL ALLO   | NANCE S   | 2 4      |
| I certify that:  I have not prevented for the travel for the Handbook, and | ously claimed this allowa<br>he above mentioned perion  | nce for the abov                            | re period;<br>al purposes as del                                 | ined in the Ministeria  | hoved to |
| accommodation  | ned allowances on this for<br>n were met from another (   | rm for trips wher<br>government soul        | e the actual cost o<br>rce e.g. conferenc                        | of meals or<br>e or airline meals.  | 7 7      |
| Signature:   |   | D   | ate:   |   |          |

NOTE: This form is not valid unless signed by the person claiming the allowance.

RTID224.pdf - Page Number: 215 of 431

Last updated: November 2011

# IMINISTERIAL SERVICES

BOSIPITAVIITYŽ ČIERTIJE IČZATIONI

| Please | print c | on Pink | Paper |
|--------|---------|---------|-------|
|        |         |         |       |

| MINISTERIAL | OFFICE: Treasurer and Minister for Trade |  |
|-------------|--|--|
|             |  |  |

DATE OF FUNCTION 30/06/2012

| VENUE | Conference Room, Level 9, 100 George St | COST OF FUNCTION (GST inclusive) \$ | 110.00 |
|-------|---|-------------------------------------|--------|
|       |   | <del></del>                         |        |
|       |   |                                     |        |
|       |   |                                     |        |

REASON FOR HOSPITALITY and its connection with official duties in accordance with Ministerial Handbook

Catering for CBRC core attendees only

| ATTENDEES: Only people for     | whom expenditure was in                   | incurred * Include Self # Include employee associa |                            |  |  |
|--------------------------------|---|--|----------------------------|--|--|
| Column 1 Column 2              |   | Column 3   | Column 4                   |  |  |
| Number of Sizie Contlemployees | Mumba of Employass of<br>Saluton Bodies I | HAMINIAMENT OF CAMPET PRECIONS                     | Tradel inhumbar of Pecials |  |  |
| 14 0                           |   | 14   |                            |  |  |
| Name of P                      | articipants                               | Organisation of Participants                       |                            |  |  |
| 1 Tim Nicholls                 |   | Treasurer  |                            |  |  |
| Deb Frecklington               |   | Assisstant Minister                                |                            |  |  |
| Gerard Benedet                 |   | Chief of Staff                                     |                            |  |  |
| Helen Gluer                    |   | Under Treasurer                                    |                            |  |  |
| 5 Jon Grayson                  |   | Director-General Department of Premier and Cabinet |                            |  |  |
| 6 Amanda Pafumi                |   | Department of Premier and Cabinet                  |                            |  |  |

<sup>\*\*</sup> See overleaf for more lines. Attach additional page if necessary (eg. guest list)

# GERTIFICATION AND APPROVAL.

**Certification of Claimant:** 

purposes in accordance with the Ministerial Handbook and the information above represents the true details in relation to the event.

Signature of Claimant

Date

(If claimant is Minister, this signature will suffice for Expenditure Approval)

Approval of Expenditure:

The above expenditure is approved for payment in accordance with the Ministerial Handbook.

Signature of Minister

Date

# Difficultive Only CALCULATION FBT end Non FBT breekelown

| Col (1) + Col (2) | x Total C | òst ≐ Amo | ount subject to FBT ( | use account code 53030 for I | FBT Component) |
|-------------------|-----------|-----------|-----------------------|------------------------------|----------------|
| J. Col (4)        |           | Balanc    | e = Amount not s      | ubject to FBT Code to 53010  | (tax code P4)  |
| 14                | 110.00    | \$ 110.00 | = \$ 110.00           | (53030)                      |                |
| 14                |           | Balance   | = \$ 0.00             | (53010) Total <sup>11</sup>  | 0.00           |

(Code balance (53010) to P4)

| Name of Participants | Organisation of Participants  |
|----------------------|---|
| Craig Evans          | Deputy Director-General Policy  |
| Ross Musgrove        | Senior Executive Director, Public Service Commission                  |
| Alex Beavers         | Acting Associate Under Treasurer                                      |
| John O'Connell       | Assistant Under Treasurer   |
| Natalie Barber       | Director Resources and Economic Development                           |
| Leigh Pickering      | Director Fiscal and Taxation  |
| David Hourigan       | Executive Director Economic Policy, Department of Premier and Cabinet |
| Paul Leven           | Senior Advisor to the Premier   |
|                      |   |
|                      |   |
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| Please | print d | n vel   | llow | naner |
|--------|---------|---------|------|-------|
| LICGOC | DITIL C | JII VEI | IIUW | Daber |

| Please print on yellow paper Depart   | ment of the Premier and Cabinet MSB004  |  |  |  |
|---|---|--|--|--|
|   | Document Number: 19/27210   |  |  |  |
| -   | MINISTERIAL OFFICES  XPENDITURE APPROVAL  |  |  |  |
| Ministerial Office: Premier   | 's Office   |  |  |  |
| Financial Year: 2012-13   | Urgent payment required by: // / 20   |  |  |  |
| Return Cheque to:   | Phone:  |  |  |  |
| PAYG: Yes / No  |   |  |  |  |
| WENDOR<br>Withing of persony outliness to be parely   | PARTICULARS.  |  |  |  |
| White Heather<br>News   | NEWSAGENCY<br>1 TEMS \$864-65   |  |  |  |
|   | (GST exclusive) \$ 786.88   |  |  |  |
|   | GST Amount \$ 77-77   |  |  |  |
|   | APPROVAL TOTAL: \$ 864-65 /   |  |  |  |
| I certify that:  Expenditure is approved and in accordance with the Queensland Ministerial Handbook;  All supporting documentation is attached;  Where applicable a valid Tax Invoice is attached;  The purpose of any travel or entertainment is related to official business (unless specifically detailed); and  When guests are not assisting the Minister details of cost recovery are attached.  APPROVED: Signature  Name (please print)  PLITAN SCHUTER  Date: 30 /7 / 12 |   |  |  |  |
| PREPARED BY: Name (piease prir  | one <u>3224 4363</u>  |  |  |  |
| MINISTERIAL SERVICES OFFICER: Identify, that: approved by competent authority verification or goods supplied/services price of rate of charge correct discounts/allowances correct; -Signature:   | addifinetically correct. sirendered: not previously paid: involces/regulsitions attached and a expenditure is recorded against title correct codes. |  |  |  |

Claims for Domestic Travel - See Overleaf

Procedures for Completing Expenditure Approval - See Overleaf

# PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- Only one vendor can appear on an Expenditure Approval.
- 4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

### DOMESTIC TRAVEL CLAIM

# INCIDENTAL ALLOWANCE MEAL ALLOWANCE The Incidental Allowance is payable where an Meal allowance rates are payable in accordance Officer is away from their normal place of duty with the Ministerial Handbook. Ministerial overnight. Rates are set out in the Ministerial Services should be contacted for details. It is the individual Officer's responsibility to Handbook. Ministerial Services should be contacted for details. determine whether he/she is entitled to claim this allowance. From: To: Date of Travel: DATE BREAKFAST LUNCH DINNER INCIDENTAL AMOUNT CLAIMED TOTAL

| Handbook, and<br>I have not claimed allowances on th | owance for the above period;<br>period was for Official purposes as defined in the Ministerial<br>is form for trips where the actual cost of meals or<br>her government source e.g. conference or airline meals. |
|--|--|
| Signature:   | Date:  |
| NOTE: This form is not valid unless sign             | ed by the person claiming the allowance.   |

BECEINED

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MINISTERIAL SERVICES

Last updated: November 2011

| Please | print c  | n vellow         | naner |
|--------|----------|------------------|-------|
| 10030  | DI III C | 711 Y G 11 Q V V | Danel |

Department of the Premier and Cabinet

MSB004

| Document Number: _  | 19127                         | +215              |
|---------------------|-------------------------------|-------------------|
|                     |                               | · · · · · · ·     |
| MINIOTEDIANAGERICEC | Charles of Colonia (No. 1900) | CONTRACTOR OF THE |

| MINISTERIAL OFFICES STATES AND A STATE OF THE ADDRESS OF THE ADDRE |                                    |                       |  |  |
|--|------------------------------------|-----------------------|--|--|
| Ministerial Office: Attorney General & Minister for Justice  |                                    |                       |  |  |
| 2012 - 15  | · ·                                | <u> </u>              |  |  |
| Financial Year: 2012 - 13  | Urgent paymen                      | t required by: / / 20 |  |  |
| Return Cheque to:  | Phone:                             |                       |  |  |
| PAYG: Yes / No   | <u> </u>                           |                       |  |  |
| VENDOR (name of person/business to be paid).   | PARTICULARS                        | AMOUNT                |  |  |
| chaptainwaren  | Night4NightWatch                   | \$50.0                |  |  |
|  | rundvanter                         |                       |  |  |
|  | acket                              |                       |  |  |
| ·  | TOTAL<br>(GST exclusive)           | \$                    |  |  |
|  | GST Amount                         | \$                    |  |  |
|  | APPROVAL TOTAL:<br>(GST inclusive) | \$ 50.00              |  |  |
|  | AGOT ITICIDATES                    |                       |  |  |
| <ul> <li>I certify that:</li> <li>Expenditure is approved and in accordance with the Queensland Ministerial Handbook;</li> <li>All supporting documentation is attached;</li> <li>Where applicable a valid Tax Invoice is attached;</li> <li>The purpose of any travel or entertainment is related to official business (unless specifically detailed); and</li> <li>When guests are not assisting the Minister details of cost recovery are attached.</li> </ul>  |                                    |                       |  |  |
| APPROVED: Signature  |                                    |                       |  |  |
| Name (please print) Mon Jawod Bleijie MP Date: 30/7/23/2   |                                    |                       |  |  |
| PREPARED BY: Name (please print) Shownon Ponning Date: 30 7 2012   |                                    |                       |  |  |
| Phone 3239 6913  |                                    |                       |  |  |
|  |                                    |                       |  |  |
| MINISTERIAL SERVICES OFFICER: I certify that: " approved by competent authority " verification of goods supplied/service " price or rate of charge correct;  | * invoices/requisitions a          |                       |  |  |
| * expenditure is recorded against the correct codes.  Signature:   |                                    |                       |  |  |
| Date ( 3 ( )   | 71/07                              | 7/>                   |  |  |

Confirmed with Farshor 247/12 OK to pay. INVO.



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| ion say | Please print on ye sending a new form aigned by Mini   |  |                              |
|---------|--|--|------------------------------|
| 1       | Please print on your farm  | of the Premier and Cabin   | net MSB004                   |
|         | gigned by Mini   | Document Number:   | <u> </u>                     |
|         |  | MINISTERIAL OFFICES (PENDITURE APPROVAL  |                              |
|         | Ministerial Office: A 170/104  | -General a minis   | ster for Justic              |
|         | Financial Year: 2012-13  | Urgent paymen  | t required by: // / 20       |
|         | Return Cheque to:  | Phone:   |                              |
|         | PAYG: Yes / No   | · · · · · · · · · · · · · · · · · · ·  |                              |
|         | VENDOR<br>(name of person/business to be paid):  | PARTICULARS  | AMOUNT                       |
|         | ChaptarinWartch  | 1 x Nightanight<br>Work enthy  | \$50-                        |
| 6       |  | ticket   |                              |
|         | (6099872)  | (fundrouser)   | \$                           |
|         |  | (GST exclusive) GST Amount   |                              |
|         |  | APPROVAL TOTAL:  | \$ 50:00                     |
|         |  | (GST inclusive)  | 14 30.00                     |
|         | <ul> <li>All supporting documentation is</li> <li>Where applicable a valid Ta<sub>s.73 s</sub></li> <li>The purpose of any travel o</li> </ul>               | accordance with the Queensland Mattached;  | linisterial Handbook;        |
|         | detailed); and  When guests are not assisti  |  | are attached.                |
|         | APPROVED: Signature  |  | , .                          |
|         | Name (please print)  | Date:  | 24 07 2012                   |
|         | PREPARED BY: Name (please pri  | nt) <u>Shannon Ponni</u> gpa   | ate: <u>24 · 07 · 20</u> 12  |
| -       | Ph   | one 3239 6413  |                              |
|         | MINISTERIAL SERVICES OFFICER: I certify that: * approved by competent authority; * verification of goods supplied/service * price or rate of charge correct; | * invoices/requisitions a  |                              |
|         | *-discounts/allowances correct; Signature:   | expendiule:Isrecolor   | ed against the correct codes |
|         | Date:  | Assurates principal de l'Espaini, appending a configuration de sont il l'Albande des |                              |

Claims for Domestic Travel - See Overleaf

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Department of the Premier and Cabinet

Document Number: 19/27218

| MINISTERIAL OFFICES  EXPENDITURE APPROVAL  |  |                         |  |  |
|--|--|-------------------------|--|--|
| Ministerial Office: Premier's Office   |  |                         |  |  |
| Financial Year: 2012-13  | _ ` '  | nt required by: // / 20 |  |  |
| Return Cheque to:  | Phone:   |                         |  |  |
| PAYG: Yes / No   |  |                         |  |  |
| VAINDOR<br>(name of person/ousiness to/be-paid):   | PARTICULARS  | AMOUNT                  |  |  |
| White Heather<br>News  | 'NEWSAGENCY<br>17EMS   | \$126.05                |  |  |
|  | (GST exclusive   |                         |  |  |
|  | GST Amoun  |                         |  |  |
|  | APPROVAL TOTAL<br>(GST inclusive   |                         |  |  |
| I certify that:  • Expenditure is approved and in accordance with the Queensland Ministerial Handbook;  • All supporting documentation is attached;  • Where applicable a valid Tax Invoice is attached;  • The purpose of any travel or entertainment is related to official business (unless specifically detailed); and  • When guests are not assisting in Minister details of cost recovery are attached.  **APPROVED: Signature**  Name (please print) **LUSTIAN SULUTER** Date: 30/7/12 |  |                         |  |  |
| PREPARED BY: Name (please print) <u>BEC MCCOAN</u> Date: <u>30/7/12</u> Phone <u>3224 4363</u>   |  |                         |  |  |
| MINISTEZIAL SERVICES OFFICERS Licentify that Lapproved by competent authority, venification of goods supplied/service price or rate of charge correct discounts/allowances correct  Signal the page 5  | arithmetically correct strendered in not previously paid invoices/requisitions expenditure is record | A SECULATION OF STREET  |  |  |

Claims for Domestic Travel - See Overleaf

Procedures for Completing Expenditure Approval - See Overleaf

|                   |          | CTINIO EX |           |            |
|-------------------|----------|-----------|-----------|------------|
| <b>PROCEDURES</b> | FUR COMP | LETING EX | PENDITURE | .APPROVAL: |

- Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- Only one vendor can appear on an Expenditure Approval.
- 4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

### DOMESTIC TRAVEL CLAIM

# The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details. Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance.

| Date of Travel. | FIOIN: [ |           | 10: [        |                |
|-----------------|----------|-----------|--------------|----------------|
| DATE            | AKFAST   | NCH DINNE | N INGIDENTAL | AMOUNT CLAIMED |
|                 | ·        | P         |              |                |
|                 | >        |           |              |                |
|                 |          |           |              |                |
|                 |          |           |              |                |
|                 |          |           | TOTAL        |                |
|                 | 7/07     |           |              |                |

| CERTIFICATE OF FIGER GLAIMING INCIDENTAL AND/OR MEAL ALLOWANCE   |
|--|
| I certify that:  I have not previously claimed this allowance for the above period;  The travel for the above mentioned period was for Official purposes as defined in the Ministerial Handbook, and  I have not claimed allowances on this form for trips where the actual cost of meals or accommodation were met from another government source e.g. conference or airline meals. |
| Signature: Date:   |
| NOTE: This form is not valid unless signed by the person claiming the allowance.   |

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MINISTERIAL SERVICES

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Last updated: November 2011 Page 2 of 2

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| 16.60    |        |    |         |       |
|----------|--------|----|---------|-------|
| Please   | nrinf  | Λn | vellow  | paper |
| 1 100,00 | MILLIE | ~  | 1011011 | Pupu. |

Department of the Premier and Cabinet

19/27236

Document Number: 1927

| The Barrier is the control of the Co | VIINISTERIAL OFFICES                     |           |  |  |  |
|--|--|-----------|--|--|--|
|  | PENDITURE APPROVAL                       |           |  |  |  |
| Ministerial Office: Treasurer and M  | inister for trade                        |           |  |  |  |
| Financial Year: 2012/13  | Urgent paymen<br>Phone:                  |           |  |  |  |
| Return Cheque to: PAYG: Yes / No   | Frione.                                  |           |  |  |  |
| *VENDOR<br>(name of person/business to be paid)  | PARTICULARS                              | AMOUNT    |  |  |  |
| Timothy Nicholls   | Lunch – 1 May 2012 – Treasury<br>Lab Bar | 188.00    |  |  |  |
|  |  |           |  |  |  |
|  | TOTAL<br>(GST exclusive)                 | \$        |  |  |  |
|  | GS7 Amount                               | \$        |  |  |  |
|  | APPROVAL TOTAL:<br>(GST inclusive)       | \$ 188.00 |  |  |  |
| <ul> <li>Expenditure is approved and in accordance with the Queensland Ministerial Handbook;</li> <li>All supporting documentation is attached;</li> <li>Where applicable a valid Tax Invoice is attached;</li> <li>The purpose of any travel or entertainment is related to official business (unless specifically detailed); and</li> <li>When guests are not assisting the Minister details of cost recovery are attached.</li> </ul> APPROVED: Signature Name (please print) UW NICHOLIS Date: 36/7/12   |  |           |  |  |  |
| PREPARED BY: Name (please print) Kim McInnes Date: 30.07.2012  Phone 3224 6909   |  |           |  |  |  |
| MINISTERIAL SERVICES OFFICER: I certify that: * approved by compatent authority: * verification of goods supplied/service * price or rate of charge correct; * discounts/allowances correct  * Signature   | ープ/// * invoices/requisitions :          |           |  |  |  |
| Pate (18/1)  |  |           |  |  |  |

Claims for Domestic Travel - See Overleaf

Procedures for Completing Expenditure Approval - See Overleaf

PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

| Please complete the following areas on the front in | ont of this form:  |
|--|--|
| (a) Ministerial Office (b) Date cheque is required (If urgent paym   | ent required), or leave blank  |
| (c) Financial Year (e.g. 1997/98) (d) Vendor (i.e. name of person/business to  |  |
| (e) Particulars (give brief description of good  | ds/services)   |
| (f) Amount (VERY IMPORTANT that this is (g) Certificate of approving person  | given)   |
| (h) Prepared by details  | 6  |
| approval   | inment forms, travel forms etc. to this expenditure  |
| Only one vendor can appear on an Expenditur     The Minister MUST sign for all expenditure rel   | e Approval.<br>ating directly to him/her and expenditure for   |
| entertainment and travel.  |  |
| DOMESTIC TRAVEL CLAIM  |  |
| INCIDENTAL ALLOWANCE   | MEAL ALLOWANCE   |
| The Incidental Allowance is payable where an Officer is away from their normal place of duty   | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial                |
| overnight. Rates are set out in the Ministerial<br>Handbook. Ministerial Services should be  | Services should be contacted for details. It is  |
| contacted for details.   | the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |
|  | <u> </u>   |
| Date of Travel: From:  | To:  |
| DATE BREAKFAST LUNCH D   | INNER INCIDENTAL AMOUNT CLAIMED  |
|  | <u></u>  |
|  | >  |
|  |  |
|  |  |
|  | TOTAL  |
|  |  |
| CERTIFICATE OF OFFICER CLAIMING INCIDENT   | AL AND/OR MEAL ALLOWANCE   |
| I certify that:  |  |
| " I have not previously claimed this allowance for<br>The travel for the above mentioned period was  | tne above period;<br>for Official purposes as defined in the Ministerial                                 |
| Handbook; and I have not claimed allowances on this form for t   | "  |
| accommodation were met from another govern   | ment source e.g. conference or airline meals.  |
| Signature  | Date:  |
| NOTE: This form is not valid unless signed by the p  | erson claiming the allowance.  |



# **ENTERTAINMENT CERTIFICATION**

| Discussion re Office of Best Practice Regulation   |  |          |
|--|--|----------|
|  |  |          |
|  |  |          |
| · · · · · · · · · · · · · · · · · · ·  |  |          |
|  | Cost: 188,00   |          |
| ∕enue: Treasury Lab Bar  | <u> </u>   |          |
|  |  |          |
| TTENDEES (Note: People for whom expenditu  | re was incurred).  |          |
| Name of Participants   | Organisation of Participants   |          |
| Γhe Hon Tim Nicholls MP  | Treasurer and Minister for Trade   |          |
| Mrs Deb Frecklington MP  | Assistant Minister for Finance, Administration and   |          |
|  | Regulatory Reform  |          |
| Ar Joe Owen  | Economist  | -les     |
| 4(   |  |          |
|  |  | 7        |
|  |  |          |
|  |  |          |
|  |  | _        |
|  |  | 4        |
| <del></del>  |  | $\dashv$ |
| tach additional page if necessary (eg guest list)  | <u> </u>   |          |
| ERTIFICATION AND APPROVAL  |  |          |
| ERTH TO ATTENDED AFFROVAL  |  |          |
| ertification of Claimant:  | Approval of Expenditure:   |          |
| certify that the above entertainment was for officia<br>urposes in accordance with the Ministerial | The above expenditure is approved for payment in accordance with the Ministerial Handbook. | <u> </u> |

Please print on yellow paper

Department of the Premier and Cabinet

Document Number: 19/27316

| MINISTERIALIGE   | Street Control and the Control of th |
|--|--|
| EXPENDITURE APPI   | ROVAL  |
| Ministerial Office: Office of the T  | Penel  |
| Financial Year:U   | rgent payment required by: / / 20  |
| Return Cheque to: Ph   | hone:  |
| PAYG: Yes / No   |  |
| (name of person/business to be paid) PARTICUL.   |  |
| Ben Myers which is described servi   | 15coss \$ 141.50   |
| Ben Myers Shared services the state Go   | 5 -205   |
| (GS  | TOTAL<br>ST exclusive) \$  |
|  | GST Amount \$  |
|  | ST inclusive) \$ (4), 50   |
| <ul> <li>I certify that:</li> <li>Expenditure is approved and in accordance with the Control of the All supporting documentation is attached;</li> <li>Where applicable a valid Tax Invoice is attached;</li> <li>The purpose of any travel or entertainment is related detailed); and</li> <li>When guests are not assisting the Minister details of APPROVED: Signature</li> </ul> Name (please print) | to official business (unless specifically  |
| PREPARED BY: Name (please print) Albana  | VartisDate: 24/7/12  |
| (Executive Assistant to chief of state) Phone x 45   | 146  |
| MINISTERIAL SERVICES OFFICER:  |  |

| MINISTERIAL SERVICES OFFICER:                      |  |
|--|--|
| begruing that<br>  approved by sompetent authority | * arithmetically correct:  |
| verification of goods supplied/services rendered   | not previously paid;   |
| * price or rate of charge correct                  | * invoices/requisitions attached; and  |
| discounts/allowances correct                       | * expenditure is recorded against the correct codes.   |
| Signature // Signature                             |  |
| Date 8/8/12/                                       | 0/0/12   |
|  | A STATE OF THE STA |

Claims for Domestic Travel - See Overleaf

• Procedures for Completing Expenditure Approval - See Overleaf

| PROCEDURES F | OR COMPLET      | TING EXPENDIT | <b>URE APPROVAL:</b> |
|--------------|-----------------|---------------|----------------------|
|              | 211 2 2 1111 EE |               | DIL AFFINOVAL.       |

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) **Vendor** (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- 3. Only one vendor can appear on an Expenditure Approval.
- 4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

### **DOMESTIC TRAVEL CLAIM**

# INCIDENTAL ALLOWANCE The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details. It is the Individual Officer's responsibility to determine whether he/she is entitled to claim this allowance.

| Date of Have   | 51. F10(II).   |  |   | 10:  |   |
|--|--|--|---|--|---|
| and the state of t | Mary and the second | nemenana properties de la company de la comp | i dina dia manda di m | a na kanandarahan sa | इ.स.च.११२ सम्बद्धाः १९५५६-५४। वस्य वतास्त्रकृतकालन्त्रस्य स्थातः स्वीतिकीते स्थापन्त्रस्य |
| DATE   | BREAKFAST  | LUNCH  | DINNER  | INCIDENTAL   | AMOUNT GLAIMED  |
| 10/7/12  |  | 141.50   |   |  | 5 141.50  |
| , ,<br>  |  |  |   |  |   |
| •  |  |  |   |  |   |
|  |  |  |   |  |   |
|  |  | 9)   |   | EATOT  | 141.50  |

| CERTIFICATE OF OFFICER CLAIMING I                       | NCIDENTAL AND/OR MEAL ALLOWANCE                               |
|---|---|
| I certify that:   |   |
| " I have not previously claimed this allo               | wance for the above period;                                   |
| The travel for the above mentioned per<br>Handbook; and | eriod was for Official purposes as defined in the Ministerial |
| " I have not claimed allowances on this                 | form for trips where the actual cost of meals or              |
| accom <sub>s.73</sub> Signature                         | ent sourge e.g. conference or airline meals.                  |
| Signature:  | Date: 26/7/12   |
| NOTE: This form is not valid unless signed              | d by the person claiming the allowance.                       |

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Last updated: November 2011

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# **ENTERTAINMENT CERTIFICATION**

| Purpose of Entertainment and its connection with<br>Handbook   | official duties in accordance with the Ministerial                                      |
|--|---|
| Meeting held b   | discuss shared  |
| State Govern   | est.  |
|  | Cost:   |
| Venue: Gastober, The   | Villager Hotel 185 George St<br>UBrisbane   |
| ATTENDEES (Note: People for whom expenditu   | re was incurred).   |
| Name of Participants   | Organisation of Participants  |
| Ben Myers<br>Dight Males   | Chief of Staff Office of the Plenier Chief of Staff Office of the minister, scherce its |
| Sue Rickerby   | Executive Managed Prisbare City Coon  |
| Neil Padley  | General Managy Group Services, Echo   |
|  |   |
|  |   |
|  |   |
|  |   |
| *Attach additional page if necessary (eg guest list)   |   |
|  |   |
| CERTIFICATION AND APPROVAL   |   |
| Certification of Claimant:   | Approyal of Expenditure:  |
| I certify that the above entertainment was for official purposes in accordance with the Ministerial Handbook and the information above represents the true details in relation to the event. | accordance with the Ministerial Handbook.   |
| Signature of Claimant  | Signature of 31 7 20/2 Date   |

| Please | print or | vellow   | paper |
|--------|----------|----------|-------|
| 10000  | D 1811 O | 1 701078 | Pupul |

Department of the Premier and Cabinet

19/27396

|   | Document   | Mullibel  | 1 1/2/210                             |         |
|---|--|---|---------------------------------------|---------|
| SAMPLE OF THE PROPERTY OF THE | MINISTERIAL OFF<br>PENDITURE APP   |   |                                       |         |
| Ministerial Office: OFFICE  | E OF THE PREV  | NIER  |                                       |         |
| Financial Year: 20 12/20  | 0/3 L  | Jrgent payment  | required by: /                        | / 20    |
| Return Cheque to:   | F  | Phone:  |                                       |         |
| PAYG: Yes / No  | · · · · · · · · · · · · · · · · · · ·  |   |                                       |         |
| WENDOR - (name of person/business to be paid)   | PARTICU  | ARS   | AMOUNT                                |         |
| Lee Anderson  | Coffee Meets.<br>8.8.12  | ng on   | 11.90                                 |         |
|   | (Ġ   | TOTAL<br>ST exclusive)  | \$ 10.82                              |         |
|   | $\triangle$  | GST Amount  | \$ 1.08                               |         |
|   |  | OVAL TOTAL:<br>BST inclusive)   | \$ 11.90                              |         |
| I certify that:  Expenditure is approved and in a All supporting documentation is a Where applicable a valid Tax Inv.  The purpose of any travel or enter detailed); and  When guests are not assisting its s.73 sign.  APPROVED: Signature  Name (please print)  PREPARED BY: Name (please print)  Pho   | attached; roice is attached; ertainment is related ne Minister details of ature  Winter  G Chiefo f Star  nt) Caroline | d to official busi<br>f cost recovery<br>Date:                                  | ness (unless specifi<br>are attached. |         |
| MINISTERIAL SERVICES OFFICER:  [certify that: ] approved by competent authority: ] verification or goods supplied/service ] price or rate of charge correct: [charge correct: ] discounts/allowances correct:  Signature:   | s rendered, † hot pi   | netically correcti<br>eviously paid:<br>es/requisitions a<br>iditure is recorde |                                       | iodes : |

Claims for Domestic Travel - See Overleaf

Procedures for Completing Expenditure Approval - See Overleaf

| PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL | NDITURE APPROVAL: |
|--|-------------------|
|--|-------------------|

- Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- 3. Only one vendor can appear on an Expenditure Approval.
- 4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

## DOMESTIC TRAVEL CLAIM

| INCIDENTAL ALLOWANCE   | MEAL ALLOWANCE   |
|--|--|
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details. | Meal ailowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |

| Date of Travel: | From:        |              | То:  |                |
|-----------------|--------------|--------------|--|----------------|
| DATE            | EAKFAST LUN  | CH DINNER    | INCIDENTAL   | AMOUNT CLAIMED |
|                 | 1 WASSER 102 |              | 8- 162 (55 51) (650) - 1501 mark (165 - 176 (155 (156 )) |                |
|                 |              | <del>\</del> |  | <u> </u>       |
|                 |              |              |  |                |
|                 |              | <u>)</u>     |  |                |
|                 |              |              |  |                |
|                 |              | _            | TOTAL  |                |

| CERTIFICATE OF OFFICER CLAIMIN                     | IG INCIDENTAL AND/OR MEAL ALLOWANGE                              |
|--|--|
| I certify that:                                    |  |
| " I have not previously claimed this               | allowance for the above period;                                  |
| The travel for the above mentione<br>Handbook; and | d period was for Official purposes as defined in the Ministerial |
| " I have not claimed allowances on                 | this form for trips where the actual cost of meals or            |
| accommodation were met from an                     | nother government source e.g. conference or airline meals.       |
| Signature:   | Date:  |
| NOTE: This form is not valid unless sig            | gned by the person claiming the allowance.                       |
| 有到有多名  |  |

Last updated: November 2011 Page 2 of 2

W2B005

# ENTERTAINMENT CERTIFICATION

| Signature or   | Signature of Signature of Signature      | ets.O  |
|--|--|--|
| certify that the above entertainment v<br>purposes in accordance with the Minis<br>Handbook and the information above i<br>true details in relation to the event | ial accordance with the Mi               | nre is approved for payment in Ministerial Handbook. |
| Certification of Claimant  | Approval of Expenditur                   | inte:  |
| CERTIFICATION AND APP  | JAVO                                     | •  |
| Attach additional page if necessary (eg guest fis  |  |  |
|  |  |  |
|  |  |  |
| <del>J</del>   |  |  |
| · · · · · · · · · · · · · · · · · · ·  |  |  |
|  |  |  |
| · · · · · · · · · · · · · · · · · · ·  |  | <u>.                                      </u>       |
| Drutt mas  |  | ,,   |
| Scott Thompson   | Sunday M                                 | Mail   |
| Lee Anderson   | Micmicus De                              | 1990   |
| Name of Participants   | olisainsgrO                              | tion of Participants                                 |
| YTTENDEES (Note: People for who  | expenditure was incurred.                |  |
| 1957 29400 Sonual  | 2) 05                                    |  |
| lo els. Q<br>Li . S . S . S . L.   | Total Cost<br>(GST Inclusive)            | (C)  |
|  | <del></del>                              |  |
|  |  |  |
|  | <del></del>                              |  |
| Short meeting to   | 281 Lews columnal 188                    | rmss   |
| Handbook   |  |  |
| Purpose of Entensinment and its con  | otion with official duties in accordance | ce with the Ministerial,                             |

s.73 Signature

| · · · · · ·   | ••   |   |
|---|--|---|
| Please print on yellow paper D  | epartment of the Premier and Cabinet   | MSB004  |
|   | Document Number:   | 27488   |
|   | MINISTERIAL OFFICES  EXPENDITURE APPROVAL  |   |
| A   |  | <del></del>   |
| Ministerial Office:   | tornay-General + Minister for  | Justice_  |
| Financial Year:   | ○ - 20 13 Urgent payment require   | ed by: 1 / 20   |
| Return Cheque to:   | Phone:   |   |
| PAYG: Yes / No  |  |   |
| VENDOR<br>(name of person/business to be                                    | e paid) PARTICULARS  | AMOUNT  |
| Various<br>Pety (ach  |  | 128.85.   |
| rethy caron   |  |   |
|   | TOTAL S  |   |
|   | (GST exclusive)  | <del></del>   |
|   |  |   |
|   | APPROVAL TOTAL: (GST inclusive) \$   | 128.85  |
| certify that:     Expenditure is approved     All supporting documenta      | and in accordance with the Queensland Ministeria   | al Handbook;  |
| <ul><li>Where applicable a valid</li><li>The purpose of any trave</li></ul> |  | ınless specifically   |
| detailed); and  When guests are not ass                                     |  | ached.  |
| -   |  |   |
| APPROVED: Signature   |  | ules 2012   |
| Name (please print)   | -5 AVID/ FRASIST . Date: 31 C  | ily auta  |
| PREPARED BY: Name (pie  | pase print) Leha (clove) Date: 3   | 1.7.12  |
|   | Phone 3039 3487  | 1   |
|   | and the state of t | Ologia i seria gang palakan dan kecamatan dan keranggan per |
| MINISTERIAL SERVICES OF<br>i certify that:  * approved by competent auth    |  |   |

| verification of goods supplied/services rendered: * no                     | rithmetically correct;<br>of previously paid;  |                |                    |
|--|--|----------------|--------------------|
| verification of goods supplied/services rendered: * no                     | ot previously paid;  |                |                    |
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|  | voices/requisitions a  |                |                    |
| discounts/allowances correct * ex  | xpenditure is recorde  | ed against the | correct codes.     |
| Signature: //////////  | W,   |                |                    |
|  | Contracts of the Contract of t | 7              |                    |
| Date: 24/8/12/   | (1241811   |                | <b>克斯拉克斯马克 计</b> 定 |

• Claims for Domestic Travel - See Overleaf

Please print on yellow paper

# Department of the Premier and Cabinet

|   | Document Number:                             | 19/27900              |  |
|---|--|-----------------------|--|
| MINISTERIAL OFFICES   |  |                       |  |
| EXPENDITURE APPROVAL  |  |                       |  |
| Ministerial Office: Treasurer and M   | linister for Trade                           |                       |  |
| Financial Year: 2012/2013   | Urgent payment                               | t required by: / / 20 |  |
| Return Cheque to:   | Phone:                                       |                       |  |
| PAYG: Yes / No  |  |                       |  |
| VENDOR (name of person/business to be paid)   | PARTICULARS                                  | AMOUNT                |  |
| Office of the Treasurer and<br>Minister for Trade   | Reimbursement of Petty Cash –<br>August 2012 | \$252.35              |  |
| TOTAL (GS7 exclusive) \$  |  |                       |  |
| GST Amount \$   |  |                       |  |
|   | APPROVAL TOTAL: \$ 252.35                    |                       |  |
| <ul> <li>I certify that:</li> <li>Expenditure is approved and in accordance with the Queensland Ministerial Handbook;</li> <li>All supporting documentation is attached;</li> <li>Where applicable a valid Tax Invoice is attached;</li> <li>The purpose of any travel or entertainment is related to official business (unless specifically detailed); and</li> <li>When guests are not assisting the Minister details of cost recovery are attached.</li> <li>APPROVED: Signature</li> <li>Name (please print)</li> <li>Date: 28 8 12</li> <li>PREPARED BY: Name (please print)</li> <li>Jasmine Smits (Office Manager)</li> <li>Date: 28/8/12</li> </ul> |  |                       |  |
| MINISTERIAL SERVICES OFFICER:   |  |                       |  |
| l certify that:  * approved by competent authority;  * verification of goods supplied/services rendered;  * price or rate of charge correct;  * discounts/allowances correct;  * signature:  * Signature:  * arithmetically correct;  * not previously paid;  invoices/requisitions attached; and  * expenditure is recorded against the correct codes  |  |                       |  |
| Date: 4 6 9 13  | Date: / 6/9/12 7/9/12                        |                       |  |

Claims for Domestic Travel - See Overleaf

Procedures for Completing Expenditure Approval - See Overleaf

Committee and the charge

# PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL: 1. Please complete the following areas on the front of this form: (a) Ministerial Office (b) Date cheque is required (If urgent payment required), or leave blank (c) Financial Year (e.g. 1997/98) (d) Vendor (i.e. name of person/business to be paid) (e) Particulars (give brief description of goods/services) (f) Amount (VERY IMPORTANT that this is given) (g) Certificate of approving person (h) Prepared by details 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval Only one vendor can appear on an Expenditure Approval. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel. DOMESTIC TRAVEL CLAIM INCIDENTAL ALLOWANCE MEAL ALLOWANCE The Incidental Allowance is payable where an Meal allowance rates are payable in accordance Officer is away from their normal place of duty with the Ministerial Handbook. Ministerial overnight. Rates are set out in the Ministerial Services should be contacted for details. It is Handbook. Ministerial Services should be the individual Officer's responsibility to contacted for details determine whether he/she is entitled to claim this allowance. Date of Travel: From: To: BREAKFAST LUNCH DINNER INCIDENTAL AMOUNT CLAIMED TOTAL CERTIFICATE OF OFFICER CLAIMING INCIDENTAL AND/OR MEAL ALLOWANCE

# CERTIFICATE OF OFFICER CLAIMING INCIDENTAL AND/OR MEAL ALLOWANCE I certify that: I have not previously claimed this allowance for the above period; The travel for the above mentioned period was for Official purposes as defined in the Ministerial Handbook; and I have not claimed allowances on this form for trips where the actual cost of meals or accommodation were met from another government source e.g. conference or airline meals. Signature: Date: NOTE: This form is not valid unless signed by the person claiming the allowance.

Ministerial Services 2 9 AUG 2012 REGEIVED Ministerial Services

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Last updated: November 2011 Page 2 of 2

| Please print on yellow paper  | ment of the Premier and Cabir      |   |
|---|------------------------------------|---|
|   | Document Number:                   | 19/27852                                |
|   | MINISTERIAL OFFICES                |   |
|   | (PENDITURE APPROVAL                |   |
| Ministerial Office: Attorney  | seneral + Minister for             | Justice                                 |
| Financial Year: 2012 - 6  | 0013Urgent paymen                  | nt required by: / / 20                  |
| Return Cheque to:   | Phone:                             |   |
| PAYG: Yes / No  |                                    |   |
| VENDOR<br>(name of person/business to be paid)  | PARTICULARS                        | AMOUNT                                  |
| Various<br>Peth Caph.   |                                    | 249.60                                  |
|   | TOTAL<br>(GST exclusive)           | \$                                      |
|   | GST Amount                         | \$                                      |
|   | APPROVAL TOTAL:<br>(GST inclusive) | \$ 249.60                               |
| I certify that:  Expenditure is approved and in a  All supporting documentation is a  Where applicable a valid Tax Inv  The purpose of any travel or entedetailed); and  When guests are not assisting the  APPROVED: Signature | ertainm                            | linisterial Handbook;<br>s specifically |

# Phone MINISTERIAL SERVICES OFFICER: I certify that: approved by competent authority; arithmetically correct, verification of goods supplied/services rendered not previously paid. price or rate of charge correct, invoices/requisitions attached; anddiscounts/allowances correct; expenditure is recorded against the correct codes. Signature: Date: Claims for Domestic Travel - See Overleaf

t case

Date:

Date:

Name (please print)

PREPARED BY: Name (please print)



Ministerial Services

1 0 SEP 2012

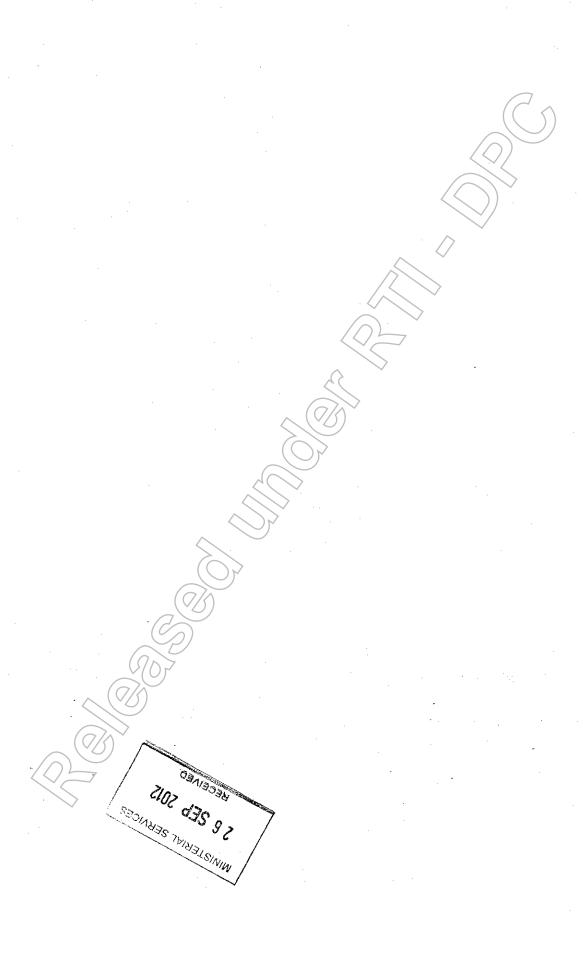
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RTID224.pdf - Page Number: 248 of 431

Department of the Premier and Cabinet Please print on yellow paper **Document Number:** MINISTERIAL OFFICES **EXPENDITURE APPROVAL** Ministerial Office: Urgent payment required by: Financial Year: / 20 Return Cheque to: Phone: PAYG: Yes / No **VENDOR PARTICULARS AMOUNT** (name of person/business to be paid) TOTAL (GST exclusive) GST Amount APPROVAL TOTAL: ⟨GST inclusive) I certify that: • Expenditure is approved and in accordance with the Queensland Ministerial Handbook; All supporting documentation is attached; Where applicable a valid Tax Invs.73 Signature The purpose of any travel or ente pecifically detailed); and When guests are not assisting th APPROVED: Signature \_ Name (please print) Date: elia Colover. Date: 25.9. 12 PREPARED BY: Name (please print)/ Phone MINISTERIAL SERVICES OFFICER: I certify that: approved by competent authority arithmetically correct; verification of goods supplied/services rendered; not previously paid; price or rate of charge correct; \* invoices/requisitions attached, and discounts/allowances correct expenditure is recorded against the correct codes Signature:

Claims for Domestic Travel - See Overleaf

Date:



Please print on yellow paper

Department of the Premier and Cabinet

| the Premier and Capir | net _ / MSB004 |
|-----------------------|----------------|
| Document Number:      | 19/27919       |
| <u> </u>              |                |

| EXPENDITURE   | APPROVAL  |                                       |
|---|---|---------------------------------------|
| Ministerial Office: Premiers offi   | CQ  | · · · · · · · · · · · · · · · · · · · |
| Financial Year: <u>2013 - 13</u>  | Urgent paymen   | t required by: / / 20                 |
| Return Cheque to:   | Phone:  |                                       |
| PAYG: Yes / No  |   |                                       |
| YENDOR<br>Jane of joerson knowskiest in the joers (in the joers)  | TOULARS :   | AMOUNIT                               |
| Petty Cash reconci  | Cash<br>liation   | \$130-10                              |
|   | TOTAL (GST exclusive)   | \$                                    |
| GST Amount \$   |   |                                       |
| APPROVAL TOTAL: \$ 130.10   |   |                                       |
| I certify that:  Expenditure is approved and in accordance with All supporting documentation is attached;  Where applicable a valid Tax Invoice is attached.  The purpose of any travel or entertainment is redetailed); and  When guests are not assisting the Minister detailed.  APPROVED: Signature  Name (please print) SCHL  PREPARED BY: Name (please print) BCC Menter and Phone 3224 | d; elated to official busicals of cost recovery  OTER Date:  CCOPN Da                                   | ness (unless specifically             |
| MINISTERIAL SERVICES OFFICER.  The entity that approved by competent authority with a verification or goods supplied services rendered price or rate of charge correct.  Signature Authority Services.  | ehitiannieuseilly conkect<br>not previously pellot<br>novolces/requisitions e<br>expenditure is recorde | diagamswhercorrecticodes              |

• Claims for Domestic Travel - See Overleaf

Procedures for Completing Expenditure Approval - See Overleaf

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- 3. Only one vendor can appear on an Expenditure Approval.
- 4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

| DOMESTIC TRAVEL CLAIM   |  |
|---|--|
| INCIDENTALIA LIOWANCE   | MEALABLOWANCE IN   |
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details.                  | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |
| Date of Travel: From:   | То:  |
| DATE BREAKFAST LUNCH  | NER INCIDENTAL MOUNT CLAMED  |
|   |  |
|   |  |
|   |  |
|   |  |
|   | TOTAL  |
| (907  |  |
| CERTIFICATE OF OFFICER CLAIMING INCIDENT  | ALAND/OR MEALALLOWANGE   |
| I certify that:  I have not previously claimed this allowance for  The travel for the above mentioned period was f Handbook; and  I have not claimed allowances on this form for tr accommodation were met from another gover | the above period;<br>for Official purposes as defined in the Ministerial<br>fips where the actual cost of meals or   |
| Signature:  | Date:  |
| NOTE: This form is not valid unless signed by the pe  | erson claiming the allowance.  |

Ministerial Services 2.7 SEP 2012

Last updated: November 2011 Page 2 of 2

Department of the Premier and Cabinet

Document Number: \_\_\_\_\_\_

| 19/2 | 8102    |
|------|---------|
| τ /  | M\$B004 |

Ministerial Office: Treasurer and Minister for Trade

Urgent payment required by:

Phone:

120

Return Cheque to: \_

PAYG: Yes / No

| VENDOR<br>(name of person/business to be paid) | PARTICULARS                             |            | TRUOMA |
|--|---|------------|--------|
| Timothy Nicholls                               | Working Lunch – Saturday 8<br>September |            | 23.00  |
|  |   | $\nearrow$ |        |
|  | (GST exclusive)                         | \$         |        |
|  | GST Amount                              | \$         | 2.10   |
|  | APPROVAL TOTAL:<br>(GST inclusive)      | \$         | 23.00  |

## I certify that:

- Expenditure is approved and in accordance with the Queensland Ministerial Handbook;
- All supporting documentation is attached;
- Where applicable a valid Tax Invoice is attached;
- The purpose of any travel or entertainment is related to official business (unless specifically detailed); and
- When guests are not assisting the Minister details of cost recovery are attached.

APPROVED: Signature - see attached Hospitality certification for signature

Name (please print) The Hon Tim Nicholls Date: 08.10.2012

PREPARED BY: Name (please print) Kim McInnes

Date: 08.10.2012

Phone 3224 6909

# MINISTERIAL SERVICES DEFICER

Licertify that

approved by competent authority,

\* verification of goods supplied/services rendered.

price or rate of charge correct

discounts/allewances correct.
Signature:

\* arithmetically correct;

\* not previously paid.

\* invoices/requisitions attached, and

expenditure is recorded against the correct codes

Date:

10/10/10

Claims for Domestic Travel - See Overleaf

Procedures for Completing Expenditure Approval - See Overleaf

Last updated: November 2011 Page 2 of 2

# PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL: Please complete the following areas on the front of this form: (a) Ministerial Office (b) Date cheque is required (If urgent payment required), or leave blank (c) Financial Year (e.g. 1997/98) (d) Vendor (i.e. name of person/business to be paid) (e) Particulars (give brief description of goods/services) (f) Amount (VERY IMPORTANT that this is given) (g) Certificate of approving person (h) Prepared by details Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval Only one vendor can appear on an Expenditure Approval. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel. DOMESTIC TRAVEL CLAIM INCIDENTAL ALLOWANCE **MEAL ALLOWANCE** The Incidental Allowance is payable where an Meal allowance rates are payable in accordance Officer is away from their normal place of duty with the Ministerial Handbook. Ministerial overnight. Rates are set out in the Ministerial Services should be contacted for details. It is Handbook. Ministerial Services should be the individual Officer's responsibility to contacted for details. determine whether he/she is entitled to claim this allowance. Date of Travel: From: To: DATE BREAKFAST LUNCH DINNER INCIDENTAL | AMOUNT CLAIMED TOTAL

| I certify that:                                   |  |
|---|--|
| " I have not previously claimed this              | s allowance for the above period;  |
| The travel for the above mention<br>Handbook; and | ed period was for Official purposes as defined in the Ministerial  |
| " I have not claimed allowances or                | n this form for trips where the actual cost of meals or<br>another government source e.g. conference or airline meals. |
| Signature:  | Date:  |
| NOTE: This form is not valid unless s             | igned by the person claiming the allowance.  |



Last updated: November 2011 Page 2 of 2

RTID224.pdf - Page Number: 254 of 431

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|                              | Office                                     | of the Treasurer and   | d Minister for         | Ple  | ase print on Pink Paper  |
|------------------------------|--|--|------------------------|--|--|
| MINISTERIAL                  |  |  |                        | DATE OF FUN  | CTION: 08.09.12  |
| VENUE                        | Treasurer's C                              | office, Level 9, 100 G<br>Brisbane   | eorge Street,          | COST OF FUNCTION   | (GST inclusive): \$ 23.00  |
| REASON FOR                   | HOSPITALIT                                 | and its connection   | with official du       | ities in accordance with   | Ministerial Handbook   |
| Working Meal (S              | Saturday) - Budg                           | et preparation   |                        |  |  |
|                              |  | - J-10-LAN # INVPO   |                        |  |  |
|                              |  |  |                        |  |  |
|                              | U_UNICIDES                                 |  |                        |  |  |
| ATTENDEES:                   | Only people f                              | or whom expenditu  | re was incurr          | ed * Include Self  | # Include employee associates  |
|                              | ımn 1                                      | Column 2   |                        | Column 3   | Column 4   |
|                              | agional anglicado:<br>Altro esta esta esta | ere unita del allemole<br>al el desemble del propositione  |                        |  | we a construction of Peroperty   |
|                              | 2  | 0  |                        | 0  | 2  |
|                              | Name of                                    | Participants   |                        | Organisation   | on of Participants   |
| The Hon Ti                   | m Nicholls                                 |  | Trea                   | asurer and Minister for  | Trade  |
| Gerard Ber                   | nedet                                      |  | Chie                   | ef of Staff to the Treasu  | rer and Minister for Trade   |
|                              |  |  |                        |  |  |
|                              |  | THE RESERVE TO SERVE THE S |                        |  |  |
|                              |  | SECURIOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CO   |                        |  | ANALYSIS - CONTRACTOR OF THE STATE OF THE ST |
| r e                          | ——————————————————————————————————————     |  |                        | DOMESTICAL STATE OF THE STATE O | the described on and the control of  |
| ** See overle                | eaf for more line                          | s. Attach additional pa  | ige if necessary       | (eg. guest list)   | 1 1 1  |
| GERMIZ GANE                  |  | OVALEET 2 settyetse2   | ). (v. ) // minutining |  |  |
| Certification o              | of Claimant:                               |  | A                      | pproval of Expenditu   | e:   |
| Jertify that the             | above hospita                              | lity was for official  | 11                     | •  | s approved for payment in  |
|                              |  | the Ministerial Handb<br>resents the true deta   |                        | ccordance with the Min   | isterial Handbook.   |
| relation to the              | •  |  |                        |  |  |
|                              | 1  | 1041   |                        |  |  |
| 415                          | Land                                       | 100 As   |                        |  |  |
| Signature o                  | of Claimant                                | Date 8/9   | 112 S                  | ignature of Minister   | Date   |
|                              |  | > ", 1   |                        |  | ·  |
| (if ciaimant is<br>Approval) | Minister, this/sign                        | ature will suffice for Expe  | enaitur <del>o</del>   |  | •  |
|                              |  | en e   |                        |  | · · · · .  |
|                              | INENEXX CONTRACT                           |  |                        | <b>p</b> wn  |  |
| Col (1) + Col<br>Col (4)     | (2) x Total                                | Cost = Amo<br>Balance  |                        |  | e 53030 for FBT Component)<br>de to 53010 (tax code P4)  |
| 2                            | 23.00                                      | \$ 23.00   | = \$ 23.00             | (53030)  |  |
| 2                            | <u>.</u>                                   | Balance  | = \$ 0.00              | (53010)  | Total 23.00  |
|                              |  |  |                        | {Code b  | alance (53010) to P4}  |

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| Name of Participants | Organisation of Participants |
|----------------------|------------------------------|
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Department of the Premier and Cabinet

**Document Number:** 

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|                      |  |
| EXPENDITURE APPROVAL |  |
|                      |  |
|                      |  |

Ministerial Office: Treasurer and Minister for Trade

| Financial Year: 2012/13 | Urgent payment required by: | $U^{\pm}$ | / 20 |
|-------------------------|-----------------------------|-----------|------|
| Return Cheque to:       | _ Phone:                    | \         |      |

| PAYG: Yes/No                                   | THE REPORT OF THE PROPERTY OF |            |  |  |  |  |
|--|---|------------|--|--|--|--|
| VENDOR<br>(name of person/business to be paid) | PARTICULARS   | AMOUNT     |  |  |  |  |
| Timothy Nicholls                               | Pre-Budget Media Briefing -<br>Dinner - 10 September 2012   | 107.50     |  |  |  |  |
|  |   | $\Diamond$ |  |  |  |  |
|  | (GST exclusive) \$  |            |  |  |  |  |
|  | GST Amount  | \$ 9.77    |  |  |  |  |
|  | APPROVAL TOTAL: \$ 107.50   |            |  |  |  |  |
|  | (351 inclusive)   |            |  |  |  |  |

| ŀ | certify | that  |  |
|---|---------|-------|--|
| Ļ | Cermin  | 11121 |  |

- Expenditure is approved and in accordance with the Queensland Ministerial Handbook;
- All supporting documentation is attached;
- Where applicable a valid Tax Invoice is attached;
- The purpose of any travel or entertainment is related to official business (unless specifically detailed); and
- When guests are not assisting the Minister details of cost recovery are attached.

APPROVED: Signature - see attached Hospitality certification for signature

Name (please print) The Hon Tim Nicholls Date: 08.10.2012

PREPARED BY: Name (please print) Kim McInnes Date: 08.10.2012

Phone 3224 6909

## MINISTERIAL SERVICES OFFICER:

I certify that

approved by correctent authority,

\*verification of goods supplied/services rendered; -- \* not previously paid;

\* price or rate of charge correct; discounts/allowances correct...

Signature:

arithmetically correct:

\* invoices/requisitions attached, and ...

\* expenditure is recorded against the correct codes.

Date: 10/10/12

- Claims for Domestic Travel See Overleaf
- Procedures for Completing Expenditure Approval See Overleaf

# PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- Only one vendor can appear on an Expenditure Approval.
- 4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

### **DOMESTIC TRAVEL CLAIM**

| Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Services should be contacted for details. It the individual Officer's responsibility to determine whether he/she is entitled to clair | INCIDENTAL ALLOWANCE   | MFAL ALLOWANCE                                  |
|---|--|---|
| this allowance.   | Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be | Services should be contacted for details. It is |

| Date of Trave | el: From:   | AND THE PARTY OF T |          | To:  |                |
|---------------|-------------|--|----------|--|----------------|
| DATE          | BREAKFAST   | LUNCH  | DINNER   | INCIDENTAL   | AMOUNT CLAIMED |
| .,,,,         |             |  |          | TO THE CONTROL AND AND ADDRESS OF THE PROPERTY |                |
|               |             |  | <i>k</i> |  |                |
| ·             |             |  |          | ·  |                |
|               |             |  |          |  |                |
|               | <b>#</b> \$ |  |          | TOTAL  |                |

| CERTIFICATE OF OFFICER CLAIMING INCIDENTAL AND/OR MEAL ALLOWANCE                                  |  |  |  |  |
|---|--|--|--|--|
| I certify that:   |  |  |  |  |
| " I have not previously claimed this allowance for the above period;                              |  |  |  |  |
| The travel for the above mentioned period was for Official purposes as defined in the Ministerial |  |  |  |  |
| Handbook; and   |  |  |  |  |
| I have not claimed allowances on this form for trips where the actual cost of meals or            |  |  |  |  |
| accommodation were met from another government source e.g. conference or airline meals.           |  |  |  |  |
| Cianatura   |  |  |  |  |
| Signature: Date:  |  |  |  |  |
| NOTE: This form is not valid unless signed by the person claiming the allowance.                  |  |  |  |  |

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Last updated: November 2011 Page 2 of 2

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| Office of the Treasurer and Min MINISTERIAL OFFICE Trade   | DATE OF FUNCTION: 10.09.12   |  |  |  |
|--|--|--|--|--|
| VENUE Treasurer's Office, Level 9, 100 George Brisbane   | e Street, COST OF FUNCTION (GST inclusive): \$ 107.50                      |  |  |  |
| REASON FOR HOSPITALITY and its connection with o   | official duties in accordance with Ministerial Handbook                    |  |  |  |
| Dinner - Pre-Budget Media Briefing   |  |  |  |  |
|  |  |  |  |  |
| 1.000  |  |  |  |  |
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| ATTENDEES: Only people for whom expenditure wa   | as incurred * Include Self # Include employee associates                   |  |  |  |
| Column 1 Column 2  | Column 3 Column 4  |  |  |  |
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| 0  | 9 13   |  |  |  |
| Name of Participants   | Organisation of Participants   |  |  |  |
| The Hon Tim Nicholls   | Treasurer and Minister for Trade   |  |  |  |
| Gerard Benedet   | Chief of Staff to the Treasurer and Minister for Trade                     |  |  |  |
| Rachael Power  | Principal Media Advisor to the Treasurer and Minister for                  |  |  |  |
| Larine Statham   | Trade Senior Media Advisor to the Treasurer and Minister for               |  |  |  |
| + 9 members of Qld Media   | Trade<br>TV, Radio and Print Media   |  |  |  |
| 7 3 Hembers of Qid Wedia   | v, radio and i intrivoda   |  |  |  |
| ** See overleaf for more lines. Attach additional page if  | necessary (eq. quest list)   |  |  |  |
|  |  |  |  |  |
| GERLIFICATION AND ARPROVAL.  |  |  |  |  |
| Certification of Claimant:   | Approval of Expenditure:  The above expenditure is approved for payment in |  |  |  |
| poses in accordance with the Ministerial Handbook  | accordance with the Ministerial Handbook.                                  |  |  |  |
| and the information above represents the true details in relation to the event.  | n l  |  |  |  |
| 1  |  |  |  |  |
| 1- The Stables   |  |  |  |  |
| Signature of Claimant Date 0/10/1  | Signature of Minister Date   |  |  |  |
| 11912  |  |  |  |  |
| (If claimant is Ministe), this signature will suffice for Expenditure Approval)  | ire :  |  |  |  |
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| (O) A IVANI DE ELEGIO DE LA COMPANSIÓN DE LA CAMBION DE LA | reakdown   |  |  |  |
| <u>Lainteine die francisie die establiste det de la terre de de la dela de</u>   | subject to FBT (use account code 53030 for FBT Component)                  |  |  |  |
| Col (4) Balance  | = Amount not subject to FBT Code to 53010 (tax code P4)                    |  |  |  |
| 4 107.50 \$ 33.08 = 5  | \$ 33.08 <b>(53030)</b>  |  |  |  |
| 13 Balance = 3   | \$ 0.00 (53010) Total 107.50   |  |  |  |

{Code balance (53010) to P4}

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| Name of Participants | and the same of th | Organisation of Partici  | pants  |
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Department of the Premier and Cabinet

19/20/21

| Documen  |                                   |
|--|-----------------------------------|
| MINISTERIAL OI                                       | FECES                             |
| EXPENDITURE AF                                       | PPROVAL                           |
| Ministerial Office: Treasurer and Minister for Trade |                                   |
| Financial Year: 2012/2013                            | Urgent payment required by: / /20 |
| Return Cheque to:                                    | Phone:                            |

PAYG: Yes / No

| raid: 165/NO                                | AIRESTANDER AND STANDER AND STANDER ST | // |        |
|---|--|----|--------|
| VENDOR (name of person/business to be paid) | PARTICULARS  |    | AMOUNT |
| Larine Statham                              | Beverages – Cairns Post<br>Meeting – Shrangi-La Hotel<br>Cairns – 18 September                                 | 7  | 19.00  |
|   | TOTAL<br>(GST exclusive)   | \$ |        |
|   | GST Amount   | \$ | 1.74   |
|   | APPROVAL TOTAL: (GST inclusive)  | \$ | 19.00  |

#### I certify that:

- Expenditure is approved and in accordance with the Queensland Ministerial Handbook;
- All supporting documentation is attached;
- Where applicable a valid Tax Invoice is attached;
- The purpose of any travel or entertainment is related to official business (unless specifically detailed); and
- When guests are not assisting the Minister details of cost recovery are attached.

APPROVED: Signature Name (please print) 109

PREPARED BY: Name (please print) Kim McInnes (Executive Assistant) Date: 28/09/12

Phone 07 32246909

### MINISTERIAL SERVICES OFFICER:

I certify that

- approved by competent authority,
- verification of goods supplied/services rendered;
- price or rate of charge correct,
- discounts/allowances correct

- arithmetically correct;
- \* not previously paid:
- \* invoices/requisitions attached; and
- expenditure is recorded against the correct codes

Signature: Date:

- Claims for Domestic Travel See Overleaf
- Procedures for Completing Expenditure Approval See Overleaf

## PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (if urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval

| Only one vendor can appear on an Expend     The Minister MUST sign for all expenditure entertainment and travel.   | iture Approval. relating directly to him/her and expenditure for   |  |  |  |  |
|--|--|--|--|--|--|
| DOMESTIC TRAVEL CLAIM  |  |  |  |  |  |
| INCIDENTAL ALLOWANCE   | MEAL ALLOWANCE   |  |  |  |  |
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Handbook. Ministerial Services should be contacted for details.  Meal allowance rates are payable in with the Ministerial Handbook. Ministerial Services should be contacted for details determine whether he/she is entitled this allowance.   |  |  |  |  |  |
| Date of Travel: From:  | То   |  |  |  |  |
| DATE BREAKFAST LUNCH   | DINNER INCIDENTAL AMOUNT CLAIMED   |  |  |  |  |
|  | AMOUN SEAMALD  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | TOTAL  |  |  |  |  |
|  |  |  |  |  |  |
| GERTIFICATE OF OFFICER CLAIMING INCIDE   | NTAL AND/OR MEAL ALLOWANCE   |  |  |  |  |
| I certify that:  I have not previously claimed this allowance for the above period;  The travel for the above mentioned period was for Official purposes as defined in the Ministerial Handbook, and  I have not claimed allowances on this form for trips where the actual cost of meals or accommodation were met from another government source e.g. conference or airline meals.   |  |  |  |  |  |
| Signature: Date:   |  |  |  |  |  |
| NOTE: This form is not valid unless signed by the person claiming the allowance.   |  |  |  |  |  |
| The suppose of the su | THE RESIDENCE OF THE PARTY OF T |  |  |  |  |

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MINISTERIAL SERVICES

0 9 OCT 2012

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# **ENTERTAINMENT CERTIFICATION**

| 第二元,他就是我们在我们的时间的时候,就是我们的,我们就是这个时间,这一个人的时间的这一样的时,我们是我们。这个人也是这个女子的,也是这一个人的话,也是有这个人  | ith official duties in accordance with the Ministerial |
|---|--|
| Discussion re budget measures for Cairns  |  |
|   | ·  |
|   |  |
|   |  |
|   |  |
|   | otal Cost: 19.00<br>ST inclusive)                      |
| Venue Shangri-La Hotel, The Marina,   | Cairns   |
| ATTENDEES (Note: People for whom expend   |  |
| Name of Participants  | Organisation of Participants                           |
| The Hon Tim Nicholls, MP  | Treasurer and Minister for Trade                       |
| Larine Statham, Senior Media Advisor  | Office of the Treasurer and Minister for Trade         |
| Neil Melloy, Editor   | Caims Post   |
| Dan Strudwick, Political Journalist   | Cairns Post  |
|   | 10   |
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|   |  |
|   |  |
|   |  |
| (62)  |  |
| Attach additional page if necessary (eg guest list)   |  |
| CERTIFICATION AND APPROVA   | L  |
| Certification of Claimant:  | Approval of Expenditure;                               |
| I certify that the above entertainment was for of purposes in accordance with the Ministerial Handbook and the information above represent true details in relation to the event. | accordance with the Ministerial Handbook.              |
| Signature of Claimant: - S.73 Signature Date 28   | Signature of Line Turbolls   9/12 Minister Date,       |
|   | 8/10/12  |

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| Please print on yellow paper   | •   | Premier and Cab  | 19/28216                              |
|--|---|--|---------------------------------------|
|  |   | cument Number:   | 17/8/08/10                            |
|  | MINISTERI<br>EXPENDITUR   | RE APPROVAL  |                                       |
| Ministerial Office:  | emiers  | Office   | · · · · · · · · · · · · · · · · · · · |
|  | 67-13   | Urgent payme   | ent required by: / / 20               |
| Return Cheque to:  | <u> </u>  | Phone:   |                                       |
| PAYG: Yes / No   |   |  |                                       |
| AVENDOR<br>(name or person/business  | (ohe haid)  | RTICULARS  | AMOUNT                                |
| Southban   |   |  |                                       |
| Institute<br>Technology  |   | ering  | \$40.00                               |
|  | J. '  | TOTAL<br>(GST exclusive  |                                       |
|  |   | GST Amoun  | t \$ 10.91                            |
|  |   | APPROVAL TOTAL (GST inclusive                                      | 1 % 1 // \ // 1/ 1                    |
| <ul> <li>All supporting docume</li> <li>Where applicable a value</li> <li>The purpose of any tradetailed); and</li> </ul>  | alid Tax Invoice is attac<br>avel or entertainment is<br>assisting the Minister d | ined;<br>s related to official bu                                  | siness (unless specifically           |
|  | KRISTIAN SCH  | HUTER Date:  | 11/10/12                              |
| PREPARED BY: Name  | (please print) BCC (  | mccoAN c   | Date: 11/10/12                        |
|  | Phone <u>3221</u>   | + 4363   |                                       |
| MINISTERIAL SERVICES   | OFFICER:  |  |                                       |
| a indead in the color of the co | llled/services rendered<br>pried  | r arithmetically correct not previously paid invoices/requisitions | attached and                          |
| Midiscounts/allowances con   |   | experiultule is recold   | dedagainstithercorrect.codes.         |

Claims for Domestic Travel - See Overleaf

15/10/12 Spake to Chris - as read that as weeting was held in the institute and

MINISTERIAL SERVICES Ministerial Services

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RTID224.pdf - Page Number: 270 of 431

# **ENTERTAINMENT CERTIFICATION**

| Purpose of Entertainment and its connection Handbook                                   | n with official duties in accordance with the Ministerial |
|--|---|
| Team Leaders niel  | sing (worning meal)                                       |
|  |   |
|  |   |
| · · · · · · · · · · · · · · · · · · ·  |   |
|  |   |
| Date of 27/09/2012   | Total Cost: 4 120.00                                      |
| Venue:   |   |
|  |   |
| ATTENDEES (Note: People for whom exp   | penditure was incurred)                                   |
| Name of Participants   | Organisation of Participants                              |
| Ministerial staff lapp   | mes. & Office of the Prenier                              |
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| *Attach additional page if necessary (eg guest list)                                   |   |
| CERTIFICATION AND APPRO  | N/A1  |
| CERTIFICATION AND AFFIC  | (V/)L   |
| Certification of Claimant  | Approval of Expenditure:                                  |
| I certify that the above entertainment was for   |   |
| purposes in accordance with the Ministeria<br>Handbock and the information above repre |   |
| true details in relation to the event.   |   |
| Signature of Claimant: Date  | Signature of 17/10/201 Date                               |

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MINISTERIAL SERVICES

1 8 OCT 2012

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RTID224.pdf - Page Number: 272 of 431

Note that the septiment of yellow paper Department of the Premier and Cabinet 9/282 **Document Number:** MINISTERIAL OFFICES **EXPENDITURE APPROVAL** Ministerial Office: 2012 -Urgent payment required by: Financial Year: / 20 Return Cheque to: Phone: PAYG: Yes / No VENDOR \$70-00 Richard Ang (GST exclusive) GST Amount **APPROVAL TOTAL:** (GST inclusive) I certify that: Expenditure is approved and in accordance with the Queensland Ministerial Handbook; All supporting documentation is attached; Where applicable a valid Tax Invoice is attached; • The purpose of any travel or entertainment is related to official business (unless specifically detailed); and When guests are not assisting the Minister details of cost recovery are attached. APPROVED: Signature NEWMAN Date: 25 00 2016 Name (please print) \_\_\_\_\_\_\_ PREPARED BY: Name (please print) BEC MCCOAN Date: 22/10

| MINISTERAL SERVICES OFFICER   |                                  |                                      |                       |
|---|----------------------------------|--------------------------------------|-----------------------|
| appioved of compatent authority   | anthme                           | teally correct:                      |                       |
| ୍ର ପ୍ରମାୟକ ପ୍ରମୟମ ହେ । ପ୍ରମୟକ ପ୍ରମୟକ ମଧ୍ୟକ ଅଧିକ ପ୍ରମୟକ ହେ ।<br>ଆଧାରଣ ଜଣ ପ୍ରମୟକ ହେ । | rrendered: anotyprev<br>InVolces | nously pale.<br>Meguisitous aligides | and.                  |
| ##:discounts/allowancestcorrect   | expendi                          | DIE: IS: recorded again              | ist the correct codes |
| . Signature   |                                  | <u> </u>                             |                       |
| Date  |                                  | 26/10/12                             |                       |

Phone 3224 4363

Claims for Domestic Travel - See Overleaf

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| MINISTERIAL OFFICE                                      | Premier's Office  | Please   | print on Pink Paper  |
|---|---|--|--|
| VENUE .   | Premier's Office  | COST OF FUNCTION   | (GST inclusive) \$   |
| REASON FOR HOSPIT                                       | ALITY and its connection with offi  | cial duties in accordance with   | Ministerial Handbook   |
| Stakeholder meeting                                     | · · · · · · · · · · · · · · · · · · ·   | Walter and the state of the sta | ((')   |
|   | **************************************  |  |  |
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|   | ople for whom expenditure was   | <del></del>  | #Include employee associates   |
| Column 1  | Column 2  | Column 3   | Column 4   |
| Nillindo-Iraqui are in experio establica.<br>Necessaria | do se produce de accidades de la Estado.<br>A celebra en accidades de la companya de la company |  | Estadoria (Enformación de Recordificado)<br>Contrata de Contrata de Co   |
| 2   |   | 20   | 22   |
| Nai   | me of Participants  | Organisation   | of Participants  |
| Premier Campbell N                                      | ewman MP  | State Government   |  |
| Mr Ben Myers  |   | State Government   | on the second of |
|   |   |  |  |
|   | \$  |  |  |
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| 468   |   |  | MATTER 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
| ** See overleaf for mo                                  | re lines. Attach additional page if nec   | essary (eg. guest list)  | And the base of the state of th |
| <u>Gertiegaronvare</u>                                  | ABPROVATERACIONE  |  |  |
| Certification of Claima                                 |   | Approval of Expenditure  | J.   |
| I certify that the above h                              | ospitality was for official   | The above expenditure is   |  |
| purposes in accordance                                  | with the Ministerial Handbook   | accordance with the Minis  | sterial Handbook.  |
| and the information abo                                 | ve represents the true details in   |  |  |
| ciation to the event.                                   |   | $\mathbb{X}$ $\Lambda$   |  |
| s.73 Sigr   | nature  | /  |  |
|   | 24/10/2012  | 1  | . 25 Oct 2012  |
| Signature of Claima                                     | Date  | Signature of Minister  | Date   |
| (If claimant is Minister th                             | is signature will suffice for Expenditure   |  |  |
| Approval)   | ing lighter with defined for Experiences  |  |  |
|   |   |  |  |
| Tollingsgrangeliffer <b>A</b>                           | FULAVION FIRENJANOKVONAJERED  | <b>Gaka</b> own  |  |
|   |   | ect to FBT (use account code   |  |
| Col (4)   | Balance = A   | mount not subject to FBT God   | e to 53010 (tax code P4)   |
| 2 70  | 0.00 \$ 6.36 = \$ 6   | 3.36 <b>(53030)</b>  |  |

{Code balance (53010) to P4}

(53010) Total 70.00

= \$ 0.00

Balance

Please print on yellow paper

Department of the Premier and Cabinet MSB004

TOTAL

\$298.00

(GST exclusive)

APPROVAL TOTAL:

GST inclusive)

GST Amount

| Document Namoer,                               |   |                |      |  |  |  |
|--|---|----------------|------|--|--|--|
| MINISTERIAL OFFICES                            |   |                |      |  |  |  |
| EX   | EXPENDITURE APPROVAL                                    |                |      |  |  |  |
| Ministerial Office: Treasurer and M            | inister for Trade                                       |                |      |  |  |  |
| Financial Year: 2012/2013                      | Urgent payment  | t required by: | / 20 |  |  |  |
| Return Cheque to:                              | Phone:  |                |      |  |  |  |
| PAYG: Yes / No                                 |   |                |      |  |  |  |
| VENDOR<br>(name of person/busiless to be paid) | PARTICULARS   | AMOUNT         |      |  |  |  |
| Eagle St News                                  | Newspapers – 1 <sup>st</sup> Oct – 28 <sup>th</sup> Oct | \$298.00       |      |  |  |  |

| į ( | certify that:  |      |     |            |             |          |
|-----|--|------|-----|------------|-------------|----------|
| •   | certify that:  Expenditure is approved and in accordance | with | the | Queensland | Ministerial | Handbook |

- All supporting documentation is attached;
- Where applicable a valid Tax Invoice is attached;
- The purpose of any travel or entertainment is related to official business (unless specifically

detailed); and When guests are not assisting the Minister details of cost recovery are attached. s.73 Signature APPROVED: Signature \_ Name (please print) Tasmire Smits Date: 1.14.12 PREPARED BY: Name (please print) Jasmine Smits (Office Manager) Date: 1/11/12 Phone 07 32246900

| MINISTERIAL SERVICES OF FICER:                    |  |
|---|--|
| I certify that:                                   | Karangan penggunakan penggunakan penggunakan beranggan bebahan       |
| * approved by competent authority.                | * arithmetically correct,  |
| verification of goods supplied/services rendered; | * not previously paid,   |
| * price or rate of charge correct.                | * invoices/requisitions attached, and                                |
| * discounts/allowances correct;                   | <ul> <li>expenditure s recorded against the correct codes</li> </ul> |
| Signature: // // Signature:                       |  |
| Signature   |  |
| Defen all /////                                   |  |

- Claims for Domestic Travel See Overleaf
- Procedures for Completing Expenditure Approval See Overleaf

# PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL: Please complete the following areas on the front of this form: (a) Ministerial Office (b) Date cheque is required (if urgent payment required), or leave blank (c) Financial Year (e.g. 1997/98) (d) Vendor (i.e. name of person/business to be paid) (e) Particulars (give brief description of goods/services) (f) Amount (VERY IMPORTANT that this is given) (g) Certificate of approving person (h) Prepared by details Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval Only one vendor can appear on an Expenditure Approval. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel. **DOMESTIC TRAVEL CLAIM** INCIDENTAL ALLOWANCE MEA! ALLOWANCE The Incidental Allowance is payable where an Meal allowance rates are payable in accordance Officer is away from their normal place of duty with the Ministerial Handbook. Ministerial overnight. Rates are set out in the Ministerial Services should be contacted for details. It is Handbook. Ministerial Services should be the individual Officer's responsibility to contacted for details. determine whether he/she is entitled to claim this allowance. Date of Travel: From: To: DATE BREAKFAST LUNCH DINNER INCIDENTAL AMOUNT CLAIMED TOTAL CERTIFICATE OF OFFICER CLAIMING INCIDENTAL AND/OR MEAL ALLOWANCE I certify that: I have not previously claimed this allowance for the above period; The travel for the above mentioned period was for Official purposes as defined in the Ministerial

MINISTERIAL SERVICES

Date:

- 2 NOV 2012

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Last updated: November 2011 Page 2 of 2

I have not claimed allowances on this form for trips where the actual cost of meals or accommodation were met from another government source e.g. conference or airline meals.

NOTE: This form is not valid unless signed by the person claiming the allowance.

Handbook; and

Signature:

Please print on yellow paper

Department of the Premier and Cabinet /9/28467

|  | MINISTERIAL OFFICES                                       |                       |  |  |
|--|---|-----------------------|--|--|
|  | (PENDITURE APPROVAL                                       |                       |  |  |
| Ministerial Office: <u>Premie</u>  | er's Office   |                       |  |  |
| Financial Year: 2012 -   | -/ろUrgent paymen  | t required by: / / 20 |  |  |
| Return Cheque to:  | Phone:  |                       |  |  |
| PAYG: Yes / No   |   |                       |  |  |
| ** VENDOR (name of person/ousinessio beipaid).   | PARTICULARS   | AMOUNT.               |  |  |
| Petty Cash   | Petty Cash  | \$165.50              |  |  |
| 1  | TOTAL<br>(GST exclusive)                                  | \$                    |  |  |
|  | GST Amount  | \$                    |  |  |
| APPROVAL TOTAL: \$ 165.50  |   |                       |  |  |
| I certify that:  Expenditure is approved and in accordance with the Queensland Ministerial Handbook;  All supporting documentation is attached;  Where applicable a valid Tax Invoice is attached;  The purpose of any travel or entertainment is related to official business (unless specifically detailed); and  When guests are not assisting the Minister details of cost recovery are attached.  APPROVED: Signature  Name (please print) KRISTIAN SCHLUTCR Date: 30/10/12 |   |                       |  |  |
| PREPARED BY: Name (please pri  | nt) <u>B&amp;C MCCOAN</u> Da<br>one <u>3224 4363</u>      | nte: <u>30/10/12</u>  |  |  |
| MINISTERIAL SERVICES OFFICER Licentify their 2 approved for competent authority 3 verification of goods supplice/services  | zirinmetically correct<br>s rendered not previously paid. |                       |  |  |

Claims for Domestic Travel - See Overleaf



| Please | print | on | vellow | paper |
|--------|-------|----|--------|-------|

| Please print on yellow paper Depart   | tment of the Premier and Cabi      | net MSB004  |
|---|------------------------------------|---|
|   | Document Number:                   | 19/28506  |
| E   | MINISTERIAL OFFICES                |   |
| Ministerial Office: Prem  | 1 0 10                             |   |
| Financial Year:   | 13Urgent payme                     | nt required by: // / 20   |
| Return Cheque to:   | Phone:                             |   |
| PAYG: Yes / No  |                                    |   |
| VENDOR<br>(name or person/ousiness (e bereald)  | PARTIGULARS 1914                   | AMOUNT  |
| Mineral   | Alar and according                 | P dial a  |
| House News  | Newspapers and<br>Milk             | \$ 9626.20  |
|   | TOTAL<br>(GST exclusive)           | 18 216 7 - 13   |
|   | GST Amount                         | 7/15  |
|   | APPROVAL TOTAL:<br>(GST inclusive) | \$ 626.20   |
| <ul> <li>All supporting documentation is</li> <li>Where applicable a valid Tax In</li> <li>The purpose of any travel or endetailed); and</li> <li>When guests are not assisting.</li> <li>APPROVED: Signature</li></ul> | Y /: /                             | siness (unless specifically $r$ are attached.   |
| (ZZ)<br>BEGIERO ZEOVARES PARENEIKIMI  |                                    |   |
| l certify that<br>approved by competent authority<br>yerification of goods supplied/service<br>price or rate of charge contect  | involces/requisitions              |   |
| * discounts/allowances correct  Signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   | expenditure is record.             | ed against the correct codes  |
| Vicin / ISI   | 11/12                              | - ACCOUNTS OF THE PROPERTY OF |

Claims for Domestic Travel - See Overleaf

Department of the Premier and Cabinet

MSB004

Document Number: \_\_\_\_

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| ··· |   | •  |     | 1810 | DO. | τ  |

| MINISTERIAL O  | FFICES                           |
|--|----------------------------------|
| EXPENDITURE AF                                       | PPROVAL.                         |
| Ministerial Office: Treasurer and Minister for Trade |                                  |
| Financial Year: 2012/2013                            | Urgent payment required by: / 20 |
| Return Cheque to:                                    | Phone:                           |

PAYG: Yes / No.

| PAYG: Yes/No   |  |           |
|--|--|-----------|
| VENDOR  (name of person/business to be paid)   | PARTICULARS  | AMOUNT    |
| Eagle St News  | Newspaper delivery 29 <sup>th</sup> Oct – 2 <sup>nd</sup> Dec 2012 | \$400.50  |
| The second secon | TOTAL<br>(GST exclusive)   | \$        |
| To consider the account of a second control of the account of the  | GST Amount   | \$        |
|  | APPROVAL TOTAL:<br>(GST inclusive)                                 | \$ 400.50 |
|  |  |           |

| I certify that:  |
|--|
| Expenditure is approved and in accordance with the Queensland Ministerial Handbook;  |
| All supporting documentation is attached;  |
| Where applicable a valid Tax Invoice is attached;  |
| <ul> <li>The purpose of any travel or entertainment is related to official business (unless specifically detailed); and</li> </ul> |
| When guests are not assisting the Minister details of cost recovery are attached.  |
| s.73 Signature   |
| APPROVED: Signature  |
| Name (please print) Jasmine Smits Date: 4.12.17  |
|  |
| PREPARED BY: Name (please print) Jasmine Smits (Office Manager) Date: 4/12/12  |
| Phone 07 3227 8443   |
|  |

| EMINISTER/ALISERVICES                                       | OFFICER:                                |  |
|---|---|--|
| I certify that:   |   |  |
| <ul> <li>approved by competent</li> </ul>                   | authority,                              | * arithmetically correct;                          |
| -* verification of goods sup                                |   |  |
| * price or rate of charge of                                |   | * invoices/requisitions attached; and              |
| discounts/allowances ce                                     | ιτect:                                  | expenditure is recorded against the correct codes. |
| Signature:  | More                                    |  |
|   | A • • • • • • • • • • • • • • • • • • • |  |
| Date:   | (   5 12/12                             | 05/12/12   |
| PACK CANADA MANAGAMAN AND AND AND AND AND AND AND AND AND A |   |  |
| Alabara Can Barran 42 - 30.                                 | عميناه ملك المست                        |  |

Claims for Domestic Travel - See Overleaf

Procedures for Completing Expenditure Approval - See Overleaf

| PROCEDURES FOR | COMPLETING | EXPENDITURE | APPROVAL. |
|----------------|------------|-------------|-----------|
|----------------|------------|-------------|-----------|

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- Only one vendor can appear on an Expenditure Approval.
- 4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

### DOMESTIC TRAVEL CLAIM

| INCIDENTAL ALLOWANCE   | MEAL ALLOWANCE   |
|--|--|
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details. | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |

| Date of Travel: | From:     |              | To:                       |
|-----------------|-----------|--------------|---------------------------|
|                 |           |              |                           |
| DATE            | BREAKFAST | LUNCH DIMNER | INCIDENTAL AMOUNT GLAIMED |
|                 |           |              |                           |
|                 |           |              |                           |
|                 |           |              |                           |

| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |     | )-/ |       |  |
|--|-----|-----|-------|--|
|  |     |     |       |  |
|  |     |     |       |  |
|  |     |     |       |  |
|  | . ( |     | TOTAL |  |

| CERTIFICATE OF OFFICER GLAIMING                          | INCIDENTAL AND/OR MEAL ALLOWANCE  |
|--|---|
| Handbook; and<br>"— I have not claimed allowances on thi | lowance for the above period;<br>period was for Official purposes as defined in the Ministerial<br>is form for trips where the actual cost of meals or<br>her government source e.g. conference or airline meals. |
| Signature:   | Date:   |
| NOTE: This form is not valid unless signe                | ed by the person claiming the allowance.  |

- 5 DEC 2012

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Last updated; November 2011

Department of the Premier and Cabinet

MSB004

| ,  | Document Number:   | 19/28878   |
|--|--|--|
| The state of the s | WINISTERIAL OFFICES (PENDITURE APPROVAL  |  |
| Ministerial Office: <u>Premi</u>   |  | namana na manana ma |
| Financial Year:  | -/3 Urgent paymer  | nt required by: / / 20   |
| Return Cheque to:  | Phone:   |  |
| PAYG: Yes / No   |  |  |
| VENDOR<br>(name of person/business to be paid)   | PARTICULARS  | AMOUNT   |
| Mineral<br>House News  | Newspapers   | \$724.80   |
|  | TOTAL<br>(GST exclusive)   | \$ 607.36  |
|  | GST Amount   | 1 7  |
|  | APPROVAL TOTAL:<br>(GST inclusive)   |  |
| <ul> <li>All supporting documentation is a Where applicable a valid Tax Inv.</li> <li>The purpose of any travel or enter detailed); and</li> <li>When guests are not assisting to s.73 Sign</li> <li>APPROVED: Signature</li> <li>Name (please print)</li> </ul> PREPARED BY: Name (please print)  | roice is attached; ertainment is related to official bus set Minister details of cost recovery nature  NO SCHLUTER Date: | siness (unless specifically y are attached.  4/12/12   |
|  |  |  |
| MINISTERIAL SERVICES OFFICER: I certify that:  " approved by competent authority; " verification of goods supplied/service " price or rate of charge correct; " discounts/allowances carrect; " Signature:  Date:  | * invoices/requisitions  |  |
|  |  |  |

Procedures for Completing Expenditure Approval - See Overleaf

| 77 | ~ | ~   | <br><b>\</b> 1 | <br>$r \sim$ | _ | $\sim$  |  |          | time ( ) | <br> | T .   | - m      | APPR | $\sim$ 1 / $\lambda$ 1 | - |
|----|---|-----|----------------|--------------|---|---------|--|----------|----------|------|-------|----------|------|------------------------|---|
| -  | - | 9 1 | <br>BB.        | <br>- 1      | - | 4 . L E |  | I Kut ni | - I      | <br> | 1 6 1 | Sept See | 2    | 4 345 55 1             |   |
|    |   |     |                |              |   |         |  |          |          |      |       |          |      |                        |   |

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (if urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- 3. Only one vendor can appear on an Expenditure Approval.
- 4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

| DOMESTIC TRAVEL CLAIM  |  |
|--|--|
| INCIDENTAL ALLOWANCE   | MEAL ALLOWANCE   |
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details. | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |
| Date of Travel: From:  | To:  |
| DATE BREAKFAST LÜNCH   | DINNER INCIDENTAL AMOUNT CLAIMED   |
|  | >  |
|  |  |
|  |  |
|  |  |
|  | TOTAL  |
| 907  | •  |
| CERTIFICATE OF OFFICER CLAIMING INCIDEN  | ITAL AND/OR MEAL ALLOWANCE   |
| Handbook; and I have not claimed allowances on this form fo  | s for Official purposes as defined in the Ministerial  |
| Signature:   | Date:  |
| NOTE: This form is not valid unless signed by the  | person claiming the allowance  |

MINISTERIAL SERVICES

- 5 DEC 2012

Last updated: November 2011 Page 2 of 2

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**Department of the Premier and Cabinet** 

et 19/28984 **Document Number:** 

| MINIS                                      | STERIAL OFFICES               |      |
|--|-------------------------------|------|
| EXPEN                                      | DITURE APPROVAL               |      |
| Ministerial Office: Treasurer and Minister | r for Trade                   |      |
| Financial Year: 2012/2013                  | Urgent payment required by: / | / 20 |
| Return Cheque to:                          | Phone:                        | 1000 |

| PAYG: Yes / No                                    |  |           |
|---|--|-----------|
| VENDOR (name of person/business to be paid)       | PARTICULARS                                    | AMOUNT    |
| Office of the Treasurer and<br>Minister for Trade | Reimbursement of Petty Cash –<br>December 2012 | \$177.40  |
|   | TOTAL<br>(GST exclusive)                       | \$        |
|   | GST Amount                                     | \$        |
|   | APPROVAL TOTAL: (GST inclusive)                | \$ 177.40 |

| I certify that:  |
|--|
| <ul> <li>Expenditure is approved and in accordance with the Queensland Ministerial Handbook;</li> <li>All supporting documentation is attached;</li> </ul> |
| Where applicable a valid Tax Invoice is attached;  |
| <ul> <li>The purpose of any travel or entertainment is related to official business (unless specifically<br/>detailed); and</li> </ul>                     |
| <ul> <li>When guests are not assisting the Minister details of cost recovery are attached.</li> </ul>  |
| APPROVED: Signature  |
| Name (please print) Jasmine Smits Date: 11 12 12   |
| PREPARED BY: Name (please print) Jasmine Smits (Office Manager) Date: 11/12/12   |
| Phone 07 3227 8443   |

\* arithmetically correct;

not previously paid:

invoices/requisitions attached, and

Signature:

expenditure is recorded against the correct codes

Claims for Domestic Travel - See Overleaf

verification of goods supplied/services rendered

MINISTERIAL SERVICES OFFICER:

\* approved by competent authority;

price or rate of charge correct.

Date:

discounts/allowances correct

I certify that:

Procedures for Completing Expenditure Approval - See Overleaf

# PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL: Please complete the following areas on the front of this form: (a) Ministerial Office (b) Date cheque is required (If urgent payment required), or leave blank (c) Financial Year (e.g. 1997/98) (d) **Vendor** (i.e. name of person/business to be paid) (e) Particulars (give brief description of goods/services) (f) Amount (VERY IMPORTANT that this is given) (g) Certificate of approving person (h) Prepared by details 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval Only one vendor can appear on an Expenditure Approval. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel. DOMESTIC TRAVEL CLAIM INCIDENTAL ALLOWANCE **MEAL ALLOWANCE** The Incidental Allowance is payable where an Meal allowance rates are payable in accordance Officer is away from their normal place of duty with the Ministerial Handbook. Ministerial overnight. Rates are set out in the Ministerial Services should be contacted for details. It is Handbook. Ministerial Services should be the individual Officer's responsibility to contacted for details. determine whether he/she is entitled to claim this allowance. Date of Travel: From: To: BREAKFAST DINNER INCIDENTAL AMOUNT CLAIMED LUNCH TOTAL CERTIFICATE OF OFFICER CLAIMING INCIDENTAL AND/OR MEAL ALLOWANCE I certify that: I have not previously claimed this allowance for the above period; The travel for the above mentioned period was for Official purposes as defined in the Ministerial Handbook and I have not claimed allowances on this form for trips where the actual cost of meals or accommodation were met from another government source e.g. conference or airline meals. Signature: Date:

MINISTERIAL SERVICES

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NOTE: This form is not valid unless signed by the person claiming the allowance.

Last updated: November 2011 Page 2 of 2

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Department of the Premier and Cabinet

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|   | Document Number: 9/28983  |
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| 2 / 25/20 10 5 22 4/20 10 5/20 10 10 10 10 10 10 10 10 10 10 10 10 10   | TERIAL OFFICES<br>DITURE APPROVAL   |
| Ministerial Office: Attorney-   | Geral + Minister for Justice  |
| Financial Year: 2012 - 2013   | Urgent payment required by: 120   |
| PAYG: Yes/No  | Phone: So Day Co  |
| VENDOR  | PARTICULARS AMOUNT  |
| (name of person/business to be paid)  I crows  Petty Cook.  | /86./0  |
|   | TOTAL \$ (GST exclusive)  |
|   | GST Amount \$   |
|   | APPROVAL TOTAL: \$ /86./0   |
| I certify that:  Expenditure is approved and in accorda All supporting documentation is attache Where applicable a valid Tax Invoice is The purpose of any travel or entertainm detailed); and When guests are not assisting the Mini  APPROVED: Signature  Name (please print) | attacls.73 Signature nent is specifically ister de  |
| PREPARED BY: Name (please print)  | elia (alover. Date: 12, 12, 12, 12, 12, 12, 12, 12, 12, 12,   |
| MINISTERIAL SERVICES OFFICER: I certify that:     * approved by competent authority:     * verification of goods supplied/services rende     * price or rate of charge correct;     * discounts/allowances.correct;  Signature  | arithmetically correct,  red; * hot previously paid;  invoices/requisitions attached; and  expenditure is recorded against the correct codes. |

Claims for Domestic Travel - See Overleaf



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| Please print on yellow paper Departr   | ment of the Premier and Cabin            | net / / MSB004        |  |  |  |
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|  | Document Number:                         | 19/29017              |  |  |  |
| The second of th | MINISTERIAL OFFICES  KPENDITURE APPROVAL |                       |  |  |  |
| Ministerial Office:  | er's Office.                             |                       |  |  |  |
| Financial Year: 2012-13  | Urgent payment                           | t required by: / / 20 |  |  |  |
| Return Cheque to:  | Phone:                                   |                       |  |  |  |
| PAYG: Yes / No   |  |                       |  |  |  |
| VENDOR<br>(name of person/business to be paid)   | PARTICULARS                              | AMOUNT                |  |  |  |
| Petty Cash   | Petry Cash<br>Reionciliation             | \$209.90              |  |  |  |
|  | (GST exclusive)                          | \$                    |  |  |  |
|  | GST Amount                               | \$                    |  |  |  |
|  | APPROVAL TOTAL:  (GST inclusive)         | \$ 209.90             |  |  |  |
| I certify that:  Expenditure is approved and in accordance with the Queensland Ministerial Handbook;  All supporting documentation is attached;  Where applicable a valid Tax Invoice is attached;  The purpose of any travel or entertainment is related to official business (unless specifically detailed); and  When guests are not assisting that Minister details of cost recovery are attached.  APPROVED: Signature  Name (please print) KRISTAN SCHUTCR Date: 14177   |  |                       |  |  |  |
| PREPARED BY: Name (please prin   | nt) BEC MCCOAN Da                        | te: N/12/12           |  |  |  |

| MINISTERIAL SERVICES OFFICER   |                 |                                      | arte telepet      |   |
|--|-----------------|--------------------------------------|-------------------|---|
| Leartify that  | 170,000,000,000 |                                      |                   |   |
| * approved by competent authority;   |                 | * arithmetically                     | correct;          | garinista de la compania de la comp<br>Especia de la compania de la compan  |
| <ul> <li>verification of goods supplied/services</li> </ul>  | rendered;       | * not previously                     | paid;             | por the service of the  |
| * price or rate of charge correct:   | Pilanda (1818)  | <ul> <li>* invoices/requi</li> </ul> | sitions attached: | and   |
| ં discounts/allowances correot; ા  |                 | * expenditure is                     | recorded again:   | st the correct codes.   |
|  |                 | - 101                                |                   |   |
| Signature \ \ \ \ \ \ \ \ \ \  | سلامل           | (/M                                  | <u> </u>          |   |
| Date \\\\\\\   | าไเก            |                                      | 701/3/15          | THE RESERVE TO A STREET THE PROPERTY OF THE PERSON OF THE |
| THE RESIDENCE OF THE PARTY OF T | VUI V           |                                      | IN///XIX          |   |

Claims for Domestic Travel See Overleaf

Procedures for Completing Expenditure Approval - See Overleaf

| PROCEDURES FOR COMPLETING EXPENDITURE APPRO | OVA | <b>3</b> V |
|---|-----|------------|
|---|-----|------------|

- Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (if urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- Only one vendor can appear on an Expenditure Approval.

|  | nister MUST sign finment and travel. | or all expenditure i      | relating direct                           | tly to him/her and   | expenditure for  |
|--|--------------------------------------|---------------------------|---|--|--|
| DOMESTIC '   | TRAVEL CLAIM                         |                           |   |  | >  |
| 11   | NCIDENTAL ALLO                       | DWANGE                    |   | MEALAL   | LOWANGE  |
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details.   |                                      |                           | with the<br>Service<br>the indi<br>determ | e Ministerial Hand<br>es should be cont<br>vidual Officer's re   | e payable in accordance<br>dbook. Ministerial<br>acted for details. It is<br>esponsibility to<br>he is entitled to claim |
| Date of Trave  | el: From:                            |                           |   | T.   |  |
|  | ei. From.                            |                           | $\bigcirc$                                | To:  |  |
| DATE   | BREAKFAST                            | LUNCH                     | DINNER                                    | INCIDENTAL   | AMOUNT CLAIMED   |
|  |                                      |                           |   |  |  |
|  |                                      |                           | ~   |  |  |
| ·  |                                      |                           |   |  |  |
|  |                                      |                           |   | The state of the s |  |
| TOTAL  |                                      |                           |   |  |  |
|  |                                      |                           |   |  |  |
| CERTIFICATE OF OFFICER CLAIMING INCIDENTAL AND/OR MEAL ALLOWANCE   |                                      |                           |   |  |  |
| I certify that:  I have not previously claimed this allowance for the above period;  The travel for the above mentioned period was for Official purposes as defined in the Ministerial Handbook; and  I have not claimed allowances on this form for trips where the actual cost of meals or accommodation were met from another government source e.g. conference or airline meals. |                                      |                           |   |  |  |
| Signature:   | шона шаму а ашуулышы үчү а с         | B. Palinton Balance Villa | Da  | ate:   |  |
| NOTE: This   | form is not valid u                  | nless signed by the       | e nerson clair                            | ming the allowers  | ^e   |

MINISTERIAL SERVICES

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Last updated: November 2011

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Department of the Premier and Cabinet

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| Document Number:    | 19 | 29 | 1245    |
|                     |    |    |         |

| Ministerial Office: PREMIER'S OFFICE  Financial Year: Urgent payment required by: /  Return Cheque to: Phone:  PAYG: Yes / No  VENDOR (name of person/business to be paid)  MINEPAL HOUSE NEWS DECEMBER INVOICES 748-30  NEWSTAPERS  I CERTIFY THAT:  APPROVAL TOTAL: (GST exclusive)  GST Amount \$  APPROVAL TOTAL: (GST inclusive)  I certify that:  Expenditure is approved and in accordance with the Queensland Ministerial Handbook;  All supporting documentation is attached;  Where applicable a valid Tax Invoice is attached;  |  | entrace activates. It is the personal and a research | MINISTERIAL OFFICES PENDITURE APPROVA           | L                              |                         |                |      |
|--|--|--|---|--------------------------------|-------------------------|----------------|------|
| Return Cheque to: Phone: PAYG: Yes / No  VENDOR (Iname of person/ousness to be paid)  MINERAL HOUSE NEWS  DECEMBER INVOICES NEWS (AFFELS)  TOTAL (GST exclusive)  GST Amount  APPROVAL TOTAL: (GST inclusive)  I certify that: Expenditure is approved and in accordance with the Queensland Ministerial Handbook: All supporting documentation is attached; Where applicable a valid Tax Invoice is attached; The purpose of any travel or entertainment is related to official business (unless specific detailed); and When guests are not assisting the Minister details of cost recovery are attached.  APPROVED: Signature  Name (please print)  PREPARED BY: Name (please print)  Phone  44367  | sterial Office:  |  |   |                                |                         |                |      |
| VENDOR Iname of person/business to be paid)  MINERAL HOUSE NEWS  DECEMBER INVOICES NEWSTAPERS  GST Amount  APPROVAL TOTAL: (GST inclusive)  I certify that: Expenditure is approved and in accordance with the Queensland Ministerial Handbook; All supporting documentation is attached; Where applicable a valid Tax Invoice is attached; The purpose of any travel or entertainment is related to official business (unless specific detailed); and When guests are not assisting title Minister details of cost recovery are attached.  APPROVED: Signature  Name (please print)  PREPARED BY: Name (please print)  PREPARED BY: Name (please print)  Phone  44363   | ncial Year:  |  | Urgent p  | ayment r                       | equired by:             | $\int_{0}^{T}$ | / 20 |
| VENDOR (name of person/business to be paid)  MINEPAL HOUSE NEWS  DECEMBER INVOICES NEWSPERS  TOTAL (GST exclusive)  GST Amount  APPROVAL TOTAL: (GST inclusive)  I certify that: Expenditure is approved and in accordance with the Queensland Ministerial Handbook: All supporting documentation is attached; Where applicable a valid Tax Invoice is attached; The purpose of any travel or entertainment is related to official business (unless specific detailed); and When guests are not assisting title Minister details of cost recovery are attached.  APPROVED: Signature  Name (please print)  PREPARED BY: Name (please print)  PREPARED BY: Name (please print)  Phone  UU367  | rn Cheque to:  |  | Phone:  |                                |                         |                | · ·  |
| MINERAL HOUSE NEWS   DECEMBER INVOICES   748-30  | G: Yes / No  |  |   |                                |                         |                |      |
| I certify that:  • Expenditure is approved and in accordance with the Queensland Ministerial Handbook; • All supporting documentation is attached; • Where applicable a valid Tax Invoice is attached; • The purpose of any travel or entertainment is related to official business (unless specifidetailed); and • When guests are not assisting title Minister details of cost recovery are attached.  APPROVED: Signature  Name (please print)  PREPARED BY: Name (please print)  Phone  448-30  \$  COAN Date: 3/1/13  |  | to be paid)  | PARTICULARS                                     |                                | AMC                     | TAUG           |      |
| GST Amount  APPROVAL TOTAL: (GST inclusive)  I certify that: Expenditure is approved and in accordance with the Queensland Ministerial Handbook; All supporting documentation is attached; Where applicable a valid Tax Invoice is attached; The purpose of any travel or entertainment is related to official business (unless specifidetailed); and When guests are not assisting title Minister details of cost recovery are attached.  APPROVED: Signature  Name (please print)  PREPARED BY: Name (piease print)  PREPARED BY: Name (piease print)  Phone  UU367  | IERAL HOUSE  | nem2   |   | cez                            | 74                      | 8.30           |      |
| I certify that:  Expenditure is approved and in accordance with the Queensland Ministerial Handbook: All supporting documentation is attached; Where applicable a valid Tax Invoice is attached; The purpose of any travel or entertainment is related to official business (unless specific detailed); and When guests are not assisting title Minister details of cost recovery are attached.  APPROVED: Signature  Name (please print)  PREPARED BY: Name (please print)  Phone  UU367  |  |  |   | I N                            | \$                      |                |      |
| I certify that:  Expenditure is approved and in accordance with the Queensland Ministerial Handbook;  All supporting documentation is attached;  Where applicable a valid Tax Invoice is attached;  The purpose of any travel or entertainment is related to official business (unless specific detailed); and  When guests are not assisting tive Minister details of cost recovery are attached.  APPROVED: Signature  Name (please print)  PREPARED BY: Name (please print)  BEC McCOAN Date: 3/1//3  Phone 48.30   |  |  | GST An  | nount 3                        | 5                       |                |      |
| <ul> <li>Expenditure is approved and in accordance with the Queensland Ministerial Handbook;</li> <li>All supporting documentation is attached;</li> <li>Where applicable a valid Tax Invoice is attached;</li> <li>The purpose of any travel or entertainment is related to official business (unless specifidetailed); and</li> <li>When guests are not assisting tive Minister details of cost recovery are attached.</li> <li>APPROVED: Signature</li> <li>Name (please print)</li> <li>PREPARED BY: Name (please print)</li> <li>BEC McCDAN Date: 3/1//3</li> <li>Phone 44367</li> </ul>  | PARTIES CONTRACTOR OF THE PARTIES CONTRACTOR |  |   | 1 9                            | 748                     | 30             |      |
| MINISTERAL SERVICES OFFICER  | <ul> <li>Expenditure is approved and in accordance with the Queensland Ministerial Handbook;</li> <li>All supporting documentation is attached;</li> <li>Where applicable a valid Tax Invoice is attached;</li> <li>The purpose of any travel or entertainment is related to official business (unless specifically detailed); and</li> <li>When guests are not assisting tive Minister details of cost recovery are attached.</li> <li>APPROVED: Signature</li> <li>Name (please print)</li> <li>PREPARED BY: Name (please print)</li> <li>BEZ McCDAN Date: 3/1/13</li> </ul>   |  |   |                                |                         |                |      |
|  | STERVAL SERVICES   | ODDICER  |   |                                |                         |                |      |
| l certify first  * approved by competent authority;  * verification or goods supplied/services rendered;  * price or rate of charge correct;  * discounts/allowances correct;  * Signature:  * Date:  * Date:  * arithmetically correct;  * not previously paid;  * invoices/requisitions attached; and  * expenditure is recorded against the correct of the c | proved Ev competent<br>rification of goods sup<br>ce or rate of charge o<br>counts/allowances co<br>Signature:   | alied/services<br>arrect:                            | rendered; * not previously<br>* invoices/requis | paid:<br>sition <u>s atl</u> a | iched and against the c | orect co       | des  |

Claims for Domestic Travel - See Overleaf

Procedures for Completing Expenditure Approval - See Overleaf

| PROCEDURES FOR COMPLETING EXPENDITURE APPRO |
|---|
|---|

- Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (if urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure
- Only one vendor can appear on an Expenditure Approval.
- The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

| entertainment and travel   | A A A A A A A A A A A A A A A A A A A |  | THE PARTY OF THE P |   |  |
|--|---------------------------------------|--|--|---|--|
| DOMESTIC TRAVEL CLAIR  | <b>M</b>                              |  |  | >   |  |
| INCIDENTAL ALL   | OWANCE                                |  | MEAL ALI   | OWANCE  |  |
| The Incidental Allowance is pa<br>Officer is away from their norr<br>overnight. Rates are set out in<br>Handbook. Ministerial Service<br>contacted for details.  | nal place of duty<br>the Ministerial  | with the<br>Service<br>the ind<br>determ           | e Ministerial Hand<br>es should be contr<br>ividual Officer's re   | e payable in accordanc<br>lbook. Ministerial<br>acted for details. It is<br>esponsibility to<br>ne is entitled to claim |  |
| Date of Travel: Fron   | n: [                                  | <b>3</b>   | То:  |   |  |
| DATE BREAKFAST   | LUNCH DI                              | NNER   | INGIDENTAL   | AMOUNT CLAIMEI  |  |
|  |                                       |  |  |   |  |
|  |                                       | <u> </u>   | A STATE OF THE STA |   |  |
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|  |                                       | nam distant  | TOTAL  |   |  |
| (In  | 5                                     |  |  |   |  |
| CERTIFICATE OF OFFICER   | CLAIMING INCIDENT                     | AL AND/  | OR MEAL ALLON  | NANCE   |  |
| CERTIFICATE OF OFFICER CLAIMING INCIDENTAL AND/OR MEAL ALLOWANCE  I certify that:  I have not previously claimed this allowance for the above period;  The travel for the above mentioned period was for Official purposes as defined in the Ministerial Handbook; and  I have not claimed allowances on this form for trips where the actual cost of meals or accommodation were met from another government source e.g. conference or airline meals. |                                       |  |  |   |  |
| Signature:   |                                       | D;   | ate:   |   |  |

MINISTERIAL BERVICES -7 JAN 2013

NOTE: This form is not valid unless signed by the person claiming the allowance

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RECEIVED RTID224.pdf - Page Number: 316 of 431

| Please print on yellow paper  | Department of the Premier   | r and Cabinet   | MSB004                                |
|---|---|---|---------------------------------------|
|   | Document N  | umber:  | 19/29283                              |
|   | MINISTERIALOFFI   | e Es 💮 💮  |                                       |
|   | EXPENDITURE APPR  | ROVAL   |                                       |
| Ministerial Office:   | PREMIER'S OFFICE  |   |                                       |
| Financial Year:   | 2012/13 Urg   | gent payment red  | puired by: / / 20                     |
| Return Cheque to:   | Pho   | one:  |                                       |
| PAYG: Yes / No  |   |   |                                       |
| VENDOR<br>(name of person/business  | to be paid): PARTICULA  | RS  | AMOUNT                                |
| Lee Anderson  | Meal on 18.12.1   | 12  | \$133.50<br>\$111.00                  |
|   | (65)  | TOTAL \$  |                                       |
|   | ∠ G   | ST Amount \$  |                                       |
|   | / = /. \  | (AL TOTAL: \$   | 1-33-50 111.00                        |
| <ul> <li>All supporting docum</li> <li>Where applicable a v</li> <li>The purpose of any t detailed); and</li> </ul>             | alid Tax Invoice is attached; ravel or entertainment is related to assisting the Minister details of cons.73 Signature  Ben Myers | cost necovery are   | s (unless specifically                |
| PREPARED BY: Ivagile  | Phone 3405 3208   |   | 10 12 12                              |
| MINISTERIAL SERVICES  | OFFICER:  |   |                                       |
| l certify that:  " approved by competent:  " verification of goods sup  " price or rate of charge of  " discounts/allowances of | authority; "arithme<br>plied/services rendered, " not prev<br>orrect: "invoices   | tically correct;<br>viously paid;<br>s/requisitions attact<br>iture is facologic ag | ned, and<br>painst the correct codes. |

Claims for Domestic Travel - See Overleaf

Signature:

# • Procedures for Comfeting Expenditure Approval - See Overleaf

## PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

- Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- Only one vendor can appear on an Expenditure Approval.
- 4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

### DOMESTIC TRAVEL CLAIM

| INCIDENTAL ALLOWANCE  | MFAL ALLOWANCE   |
|---|--|
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are selout in the Ministerial Handbook. Ministerial Services should be contacted for details. | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |
|   |  |

| Date of Travel: | From: |          | To: |  |
|-----------------|-------|----------|-----|--|
|                 |       | $\smile$ |     |  |

| DATE | BREAKIAST | LUNCH | DINNER | INCIDENTAL   | LAMOUNTELAIMED |
|------|-----------|-------|--------|--|----------------|
|      |           |       |        |  |                |
|      |           |       | )      |  |                |
|      |           |       |        |  |                |
|      |           |       |        | AND THE PROPERTY OF THE PROPER |                |
|      |           |       | -      | TOTAL  |                |

| CERTIFICATE OF OFFICER CLAIMING INCIDENTAL AND/OR I  | MEAL ALLOWANCE                      |
|--|-------------------------------------|
| I certify that:  I have not previously claimed this allowance for the above per The travel for the above mentioned period was for Official pur Handbook; and  I have not claimed allowances on this form for trips where the accommodation were met from another government source e.  | poses as defined in the Ministerial |
| Signature; Date: _   |                                     |
| NOTE: This form is not valid unless signed by the person claiming  | the allowance.                      |
| The state of the s |                                     |

Ministerial Services
08 JAN 2013
1

MINISTERIAL SERVICES

1 9 DEC 2012

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# **ENTERTAINMENT CERTIFICATION**

| Purpose of Entertainment and its                                     | connection with offic                   | cial duties in acco | rdance with the Mini  | sterial        |
|--|---|---------------------|-----------------------|----------------|
| Handbook  Meeting with Steel   | ve Wardill . Co                         | vrier Mail          | to discuss nu         | dia issues     |
|  | , |                     |                       |                |
|  |   |                     |                       |                |
|  |   |                     |                       |                |
|  | ·                                       | <del>-</del>        |                       |                |
| Date of  | Total Co                                |                     | 55-50 \$117           |                |
| Function: /8 · /2 · /2   |   | clusive) 77         | /> /> />              | <del></del>    |
| Venue: RAR, 215  | Elizabeth St                            | Brisbane            |                       |                |
|  |   | //                  |                       |                |
| ATTENDEES (Note: People for  | whom expenditure v                      | was incurred).      | $\rightarrow$         |                |
| Name of Participan   | ît <b>s</b>                             | Orga                | nisation of Participa | nts            |
| Lee Anderson   |   | Grenier             | s office              |                |
| Steve Wardll   |   |                     | s office              |                |
| Steve Wordll   |   | Courier             | Mail.                 |                |
|  |   |                     |                       |                |
| <u> </u>   | <u> </u>                                | >                   |                       |                |
| ļ. <u> </u>  |   |                     |                       |                |
|  |   |                     |                       | ·              |
|  |   |                     |                       |                |
|  |   | <del></del>         |                       |                |
|  | 94)                                     |                     |                       |                |
| *Attach additional page if necessary (eg gu                          | est list)                               |                     | <del></del>           |                |
| CERTIFICATION AND A  |   |                     |                       |                |
| CERTIFICATION AND A  | REFROVAL                                |                     |                       |                |
| Certification of Claimant:   |   | Approval of Exp     | enditure.             |                |
| I certify that the above entertainm                                  | ent was for official                    | The above expe      | enditure is approved  | for payment in |
| purposes in accordance with the I<br>Handbook and the information ab | Ministerial                             |                     | the Ministerial Han   |                |
| true details in relation to the even                                 |   | <u> </u>            |                       |                |
| s.73 Signature Signature of  |   | Signature of        | Cos                   | 18/12/12       |
| Claimant:  | Date                                    | Minister            |                       | Date           |

| Please print on yellow paper | Please | se print | on | yellow | paper |
|------------------------------|--------|----------|----|--------|-------|
|------------------------------|--------|----------|----|--------|-------|

Department of the Premier and Cabinet / 9/29296

| Docume   | THE ITEMS I                        |
|--|------------------------------------|
| MINISTERIAL C  | DEFICES                            |
| EXPENDITURE A  | PPROVAL                            |
| Ministerial Office: Treasurer and Minister for Trade | ·                                  |
| Financial Year: 2012/2013                            | Urgent payment required by: / / 20 |
| Return Cheque to:                                    | Phone:                             |

| PAYG: Yes / No                              |   |          |
|---|---|----------|
| VENDOR (name of person/business to be paid) | PARTICULARS   | AMOUNT   |
| Eagle St News                               | Newspapers – 3 <sup>rd</sup> Dec – 30 <sup>th</sup><br>Dec 2012 | \$240.30 |
|   | (GST exclusive)   | \$       |
|   | GST Amount  | \$       |
|   | APPROVAL TOTAL:<br>(GST inclusive)                              | \$240.30 |

| I  | certify  | ths  | ı۴۰ |
|----|----------|------|-----|
| -1 | V.CILIIV | 1112 | 11. |

- Expenditure is approved and in accordance with the Queensland Ministerial Handbook;
- All supporting documentation is attached;
- · Where applicable a valid Tax Invoice is attached;
- The purpose of any travel or entertainment is related to official business (unless specifically detailed); and

| <ul> <li>When guests are not assisting the Minister details of cost recovery are attached.</li> </ul> |  |
|---|--|
| APPROVED: Signature   |  |
| Name (please print) Jasmine Smits Date: 7:1:12  | Participants   |
| PREPARED BY: Name (please print) Jasmine Smits (Office Manager) Date: 7/1/13                          | ALL CONTROL OF THE STATE OF THE |
| Phone 07 3227 8443  |  |

| MINISTERIAL SERVICES I certify that: | OFFICER:                 |                                |                         |
|--------------------------------------|--------------------------|--------------------------------|-------------------------|
| * approved by competent a            | iuthority;               | arithmetically correct;        |                         |
| * verification of goods supp         | ilied/services rendered; | * not previously paid;         |                         |
| * price or rate of charge co         |                          | invoices/requisitions attached |                         |
| * discounts/allowances cor           | <b>ect</b>               | * expenditure is recorded aga  | inst the correct codes. |
| Signature:                           | Mose                     | MB                             |                         |
| Date: /                              | 09/01/13                 | 9/1/13                         |                         |
|                                      |                          |                                |                         |

Claims for Domestic Travel - See Overleaf

Procedures for Completing Expenditure Approval - See Overleaf

| man and an area and a second            |               | · ·  |  |
|---|---------------|--|--|
| DOOCEDINES E                            | OR COMPLETING | Make at the street of the second of the seco |  |
| PK 11. Piller                           |               |  | A ** * * * * * * * * * * * * * * * * * |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |               | PAPENII III III III  | A                                      |
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|   |               |  |  |

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- 3. Only one vendor can appear on an Expenditure Approval.

From: 1

4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

#### DOMESTIC TRAVEL CLAIM

Date of Travel:

| INCIDENTAL ALLOWANCE   | MEAL ALLOWANCE   |
|--|--|
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details. | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |
|  |  |

| DATE   | BREAKFAST                                      | LUNCH | DINNER   | INCIDENTAL                              | AMOUNT CLAIMED   |
|--|--|-------|----------|---|--|
|  |  |       |          |   |  |
|  |  |       |          | *************************************** | and the second s |
| , which the last of the last o |  |       |          |   |  |
|  | ANALYSIA — — — — — — — — — — — — — — — — — — — |       |          |   |  |
|  | 0  |       | L        | TOTAL                                   |  |
|  |  |       | Wilain - |   |  |

| CERTIFICATE OF OFFICER CLAIMING           | INCIDENTAL AND/OR MEAL ALLOWANCE  |
|---|---|
| I have not claimed allowances on this     | owance for the above period;<br>eriod was for Official purposes as defined in the Ministerial<br>is form for trips where the actual cost of meals or<br>her government source e.g. conference or airline meals. |
| Signature:                                | Date:   |
| NOTE: This form is not valid unless signe | d by the person claiming the allowance.   |

ININISTERIAL SERVICES
- 9 JAN 2013
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Last updated: November 2011 Page 2 of 2 Please print on yellow paper

**Department of the Premier and Cabinet** 

|  | Document Number:   | 17/27450                                      |
|--|--|---|
| Base Base Control Cont | MINISTERIAL OFFICES<br>(PENDITURE APPROVAL   |   |
| Ministerial Office: Premiers   | -  |   |
| Financial Year: 2012/2013  | Urgent payment   | t required by: / / 20                         |
| Return Cheque to:  | Phone:   |   |
| PAYG: Yes / No   |  |   |
| VENDOR<br>(name of person/business to be paid)   | PARTICULARS  | AMOUNT  |
| Profcoll Pty Ltd   | White Heather News Invoices  | \$70.35                                       |
|  | TOTAL<br>(GST exclusive)   | \$  |
|  | GST Amount   | \$  |
|  | APPROVAL (OTAL:<br>(GST inclusive)   | \$70.35                                       |
| <ul> <li>All supporting documentation is</li> <li>Where applicable a valid Tax Inv</li> <li>The purpose of any travel or ent detailed); and</li> <li>When guests are not assisting to s.73 Signal</li> <li>APPROVED: Signature</li> <li>Name (please print)</li> </ul> PREPARED BY: Name (please print)  | voice is attached, ertainment is related to official busine Minister details of cost recovery ture Date: | iness (unless specifically                    |
| MINISTERIAL SERVICES OFFICER: I certify that: * approved by competent authority; * verification of goods supplied/service * price or rate of charge correct; * discounts/ailowances correct; Signature:  | * invoices/requisitions a  | ittached; and<br>d.against the correct codes. |

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- Claims for Domestic Travel See Overleaf
- Procedures for Completing Expenditure Approval See Overleaf



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Department of the Premier and Cabinet

| Please print on yellow paper  | Departm  | ent of the Pre   | mier and Cabi  | net , M                 | SB004                     |
|---|--|--|--|-------------------------|---------------------------|
|   |  | Docume   | nt Number:   | 19/294.                 | 79                        |
|   |  | MINISTERIAL (<br>PENDITURE A   | distribution of the state of th |                         |                           |
| Ministerial Office:   | Fren   | nier's   | Office   |                         | - Milder (Market Market ) |
| Financial Year:   | 9012-  | - 13   | Urgent paymer  | nt required by /        | / 20                      |
| Return Cheque to:   | .,   |  | Phone:   |                         |                           |
| PAYG: Yes / No  |  |  |  |                         |                           |
| VENDOR<br>(name of person/busine  | The state of the s | PARTIC   | ULARS  | AMOUNT                  |                           |
| Richard F.  | Ing.   | Caderi   | ing/   | \$43.65                 |                           |
|   | CONTROL CONTRO |  | TOTAL<br>(GST exclusive)   | \$                      |                           |
|   |  |  | GST Amount   | \$                      |                           |
|   | AND  | APP  | ROVAL TOTAL:<br>(GST inclusive)  | \$ 43.65                |                           |
| <ul> <li>All supporting doct</li> <li>Where applicable at the purpose of any detailed); and</li> <li>When guests are remarked.</li> <li>APPROVED: Signature Name (please prince)</li> </ul> | umentation is a a valid Tax love by travel or enternot assisting the re  | ttached;<br>bice is attached;<br>rtainment is rela<br>e Minister details | ted to official bus<br>s of cost recovery<br>MAN Date:   | 20/1/2013               |                           |
| PREPARED BY: Nan  | / / / \  | t) <u>BEC MC</u><br>ne <u>3224</u>                                       | _  | ate: <u>21/12/1</u><br> | <u>2</u>                  |
| MINISTERIAL SERVICE   | S OEEGER   |  |  |                         |                           |
| l-certify that:  * approved by compete  * verification, of goods s  * price or rate of charge  * discounts/allowances  Signature:   | upplied/services<br>e correct; +   | rendered; * no<br>* inv  | thrnetically correct<br>t previously paid;<br>oices/requisitions a<br>penditure is record  |                         | eodes.                    |

Claims for Domestic Travel - See Overleaf

Procedures for Completing Expenditure Approval - See Overleaf

### PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

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- Only one vendor can appear on an Expenditure Approval.

From:

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### DOMESTIC TRAVEL CLAIM

Date of Travel:

| INCIDENTAL ALLOWANCE   | MEAL ALLOWANCE   |
|--|--|
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|  | <u> </u>   |

|       | <i></i>   |          |        |  |                  |
|-------|-----------|----------|--------|--|------------------|
| DATE  | BREAKFAST | LUNCH    | DINNER | INCIDENTAL   | - AMOUNT CLAIMED |
|       |           | \(\chi\) |        |  |                  |
| • • • |           |          | )r'    | The state of the s |                  |
|       |           |          |        |  |                  |
|       |           |          |        |  |                  |
|       |           |          |        | TOTAL  |                  |

| CERTIFICATE OF OFFICER CLAI  | MING INCIDENTAL AND/OR MEAL ALLOWANCE  |
|--|--|
| "The travel for the above menti<br>Handbook; and<br>"I have not claimed allowances | this allowance for the above period;<br>oned period was for Official purposes as defined in the Ministerial<br>on this form for trips where the actual cost of meals or<br>n another government source e.g. conference or airline meals. |
| Signature:   | Date:  |
| NOTE: This form is not valid unless  | s signed by the person claiming the allowance.   |

MINISTERIAL SERVICES

2 2 JAN 2013

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### Horiphyanipyeolegiieleyanioir

| MINISTERIAL O                                     | FFICE Prem                               | ier's Office   | 100-1-11-10-01-1                  | IOREN FO-17-RI-RORDER | DATE              | Please<br>OF FUNC                     | Print (<br>CTION 13                   | o <b>n Pink Pa</b><br>/12/2012   | per                 |
|---|--|--|-----------------------------------|-----------------------|-------------------|---------------------------------------|---------------------------------------|--|---------------------|
| VENUE   |  | Office of the Premis   | r                                 | c                     | OST OF FU         | NCTION                                | (GST inclusi                          | ve) \$ 43.65   |                     |
| REASON FOR H                                      | IOSPITALIT                               | Y and its connection   | with offic                        | cial dutie            | s in accorda      | nce with                              | Ministeri                             | ał Handbook  |                     |
| Meeting to discuss                                | policy.                                  |  |                                   |                       |                   |                                       |                                       |  | *                   |
|   |  |  |                                   |                       |                   | · www.wa.a                            | _((                                   | <u></u>  |                     |
|   |  |  |                                   |                       |                   |                                       |                                       |  |                     |
|   |  | VII. 781 1.781 1.781 1.781 1.781 1.781 1.781 1.781 1.781 1.781 1.781 1.781 1.781 1.781 1.781 1.781 1.781 1.781 | ,,—,,,,,—                         |                       | J. W              |                                       |                                       | WAR CARLES   |                     |
| ter a security of the contract of the contract of |  | or whom expendit   | ure was i                         | ncurred               | * Includ          | e Self                                | # Include                             | employee asso  | ciates              |
| Colum   |  | Column   |                                   |                       | Column 3          |                                       | <b>/</b> /                            | Column 4   |                     |
| organio spraco (como de<br>Alegoria de la seguida | TEMATE LINGUEANAS.<br>BOJO SANCOLES ASTR | S AS LEM DE COMPLES S<br>TO SEVELO MISSISSES ST  | No strain and the continue of the | <b>y</b> Kin          | igal (est est and | -D-                                   | idei                                  | Numbertoile  | it is               |
| 2   |  | 0  |                                   |                       | 1                 |                                       |                                       | 3  |                     |
|   | Name of                                  | Participants   |                                   |                       | Orga              | nisation                              | of Partic                             | ipants   |                     |
| Premier Cam                                       | pbell Newma                              | n  |                                   | Premja                | er's Office       |                                       |                                       | THE PARTY OF THE P |                     |
| Ben Myers   |  |  |                                   | Premie                | er's Office       |                                       |                                       |  |                     |
| Lex McQueer                                       | )  |  |                                   | Bmag                  |                   |                                       |                                       |  |                     |
| 4   |  |  |                                   |                       | >                 |                                       |                                       |  | <u></u>             |
|   |  |  |                                   |                       |                   |                                       | The second second                     |  |                     |
| 6   |  |  |                                   | ) >                   |                   |                                       |                                       | / - N-1 - OLD - PL-1 N. N. N.  |                     |
| ें ** See overleaf                                | f for more line                          | s. Attach additional p   | age if nece                       | essary (e             | g. guest list)    |                                       |                                       |  |                     |
| dere element                                      | LANGAPPR                                 | OVA Fig. 4: Fig.   |                                   |                       |                   | - 1 T                                 |                                       | CHIEF CLAP IN THE  |                     |
| Certification of C                                | Claimant:                                |  | $\mathcal{Y}^{r}$                 | Арр                   | roval of Exp      | enditur                               | e:                                    | Control of the Contro |                     |
| ="  | -  | ility was for official<br>he Ministerial Hand  | hook                              | III.                  | above exper       |                                       |                                       | d for payment i  | n                   |
|   |  | resents the true de  |                                   | acco                  | paance with       | THE MILL                              | steriai na                            | HQDOOK.  |                     |
| Jation to the eve                                 | ent.                                     |  |                                   |                       | ı                 | 1                                     |                                       |  |                     |
| s.7:  | 3 Signature                              | ( ) loc!   | 2                                 | $\parallel$           | 1/                |                                       |                                       |  |                     |
|   |  | (7) 21/1/201.  | <b>&gt;</b>                       | $\parallel$           | 1                 | سب                                    | 20                                    | /1/24/3  |                     |
| Signature of C                                    | Claimant (                               | Date   |                                   | Sign                  | ature of Mini     | ster                                  | Date                                  |  |                     |
| (If claimant is Mi                                | nister, this sign                        | ature will suffice for Exp   | enditure                          |                       |                   |                                       | ·<br>                                 |  |                     |
| Approval)   | _ (7/5)                                  | ,  |                                   |                       |                   |                                       |                                       |  |                     |
| Office Use Only                                   | 7 ALCULA                                 | u<br>ONE EBOCANO   | a EBT Bi                          | <br>eakdow            | n ·               | · · · · · · · · · · · · · · · · · · · | , , , , , , , , , , , , , , , , , , , |  |                     |
|   |  |  |                                   |                       |                   |                                       |                                       |  |                     |
| Col (1) + Col (2)<br>Col (4)                      | x Total                                  | Cost = Ami<br>Balanc   |                                   |                       |                   |                                       |                                       | r FBT Compoл<br>0 (tax code P4   |                     |
|   | 43.65                                    | \$ 0.00  |                                   | .00                   |                   | (53030)                               |                                       |  | انهند               |
| 3   | 10,00                                    | Balance  | $= $^{0}$                         |                       |                   | (53030)<br>(53010)                    | Total <sup>4</sup>                    | 13.65  |                     |
|   |  | Datanos  |                                   | ,                     |                   |                                       |                                       | 010) to P4}  |                     |
|   |  |  |                                   |                       |                   | (DOGO DO                              |                                       | Last Updated: Ma   | ay 2006<br>e 1 of 2 |

| Name of Participants   | Organisation of Participants   |
|--|--|
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# Department of the Premier and Cabinet

19/29642

|  | Document Number:   | 11/2/072   |
|--|--|--|
| Control of the Contro | MINISTERIAL OFFICES PENDITURE APPROVAL   |  |
| Ministerial Office: PREMIE   | R'S OFFICE   |  |
| Financial Year: 2012/  |  | t required by: / / 20                            |
| Return Cheque to:  | Phone:   |  |
| PAYG: Yes / No   |  |  |
| VENDOR (name of person/business to be paid)  | PARTICULARS  | AMOUNT   |
| Mineral House<br>News  | Neuspapers for<br>January 2013   | \$668.20   |
|  | TOTAL<br>(GST exclusive)   | \$   |
|  | GST Amount   | \$   |
|  | APPROVAL TOTAL: (GST inclusive)  | \$ 668.20  |
| <ul> <li>All supporting documentation is a</li> <li>Where applicable a valid Tax Inv</li> <li>The purpose of any travel or ented detailed); and</li> </ul>   | oice is attached; ertainment is related to official busine Minister details of cost recovery nature  Date:  CARCINE BICK Date: | ness (unless specifically are attached. $1/2/13$ |
| MINISTERIAL SERVICES OFFICER:  |  |  |
| * approved by competent authority,     verification of goods supplied/service     price or rate of charge correct;   |  |  |
| * discounts/allowances correct. Signature: VP  Date VP  7  |  | d against the correct codes.                     |

Claims for Domestic Travel - See Overleaf

Procedures for Completing Expenditure Approval - See Overleaf

### PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- 3. Only one vendor can appear on an Expenditure Approval.
- 4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

### **DOMESTIC TRAVEL CLAIM**

| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. | INCIDENTAL ALLOWANCE   | MEAL ALLOWANCE   |
|---|--|--|
|   | Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be | Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim |

|  | į   | 7 / |             | 7   | <br>, |
|--|---|-----|-------------|-----|-------|
| Date of Travel:  | From:   |     |             | To: |       |
|  |   |     | <del></del> | ·   | <br>  |
| Section of the Conference of t | with the second |     |             |     |       |

| DATE BREAKFAST | LUNCH | DINNER   | INCIDENTAL   | AMOUNT CLAIMED   |
|----------------|-------|--|--|--|
|                |       |  |  |  |
|                |       |  |  |  |
|                |       |  | ·  | MANUAL TO THE TOTAL PROPERTY OF THE TOTAL PR |
|                |       | TO SERVICE STATE OF THE SERVIC |  |  |
| C              | (2)   |  | TOTAL  |  |
| (0)            | 7     |  | All the state of t |  |

| V(0)   |  |
|--|--|
| CERTIFICATE OF OFFICER CLAIM   | ING INCIDENTAL AND/OR MEAL ALLOWANCE   |
| <ul> <li>The travel for the above mention</li> <li>Handbook; and</li> <li>I have not claimed allowances</li> </ul> | nis allowance for the above period;<br>ned period was for Official purposes as defined in the Ministerial<br>on this form for trips where the actual cost of meals or<br>another government source e.g. conference or airline meals. |
| Signature:   | Date;  |
| NOTE: This form is not valid unless  | signed by the person claiming the allowance.   |

MINISTERIAL SERVICES

0 | FEB 2013

REGENTES

Last updated: November 2011 Page 2 of 2

Department of the Premier and Cabinet

| Document Number: | 19/ | 296 | 56 |
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|  | MINISTERIAL OFFICES   |  |
|--|---|--|
| A Company of the Comp | EXPENDITURE APPROVAL  | NAME OF THE PROPERTY OF THE PR |
| <b>Ministerial Office:</b> Treasurer a   | nd Minister for Trade   |  |
| Financial Year: 2012/2013  | Urgent paymen   | t required by: / / / 2   |
| Return Cheque to:  | Phone:  |  |
| PAYG: Yes / No   |   |  |
| VENDOR<br>(name of person/business to be p   | aid) PARTICULARS  | AMOUNT   |
| Eagle St News  | Newspapers - 31/12/13 - 03/02/13  | \$315.60   |
|  | TOTAL<br>(GST exclusive)  | \$   |
|  | GST Amount  | \$   |
|  | APPROVAL TOTAL: (GST inclusive)   | \$315.60   |
| <ul> <li>All supporting documentation</li> <li>Where applicable a valid Tage</li> <li>The purpose of any travel of detailed); and</li> <li>When guests are not assisted.</li> </ul> APPROVED: Signature  | ax Invoice is attached; or entertainment is related to official bus ting the Minister details of cost recovery 73 Signature | iness (unless specifically are attached.   |
| Name (please print)  | asmire Smit Date:   |  |
| PREPARED BY: Name (pleas   | se print) Jasmine Smits (Office Manag   | er) Date: 5/2/13   |
|  | Phone 07 3227 8443  |  |
| MINISTERIAL SERVICES OFFICE Certify that:  | JER:  |  |
| <ul> <li>approved by competent author</li> <li>verification of goods supplied/s</li> <li>price or rate of charge correct;</li> </ul>   | ervices rendered; * not previously paid;<br>* invoices/requisitions.  | attached, and  |
| * discounts/allowances correct.  | * expenditure is record   | ed against the correct code  |

Claims for Domestic Travel - See Overleaf

Date:

Procedures for Completing Expenditure Approval - See Overleaf

## PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

- Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details

Signature:

- 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- 3. Only one vendor can appear on an Expenditure Approval.
- 4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

| DOMESTIC TRAV  | EL CLAIM               | ANALYSIS OF THE PROPERTY OF TH |  |                                       |  | and the state of t |
|--|------------------------|--|--|---------------------------------------|--|--|
| INCIDE   | NTAL ALLOWAI           | NCE  |  | MEAL                                  | ALLOWANCE  |  |
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details. |                        | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance.  |  | s                                     |  |  |
| Date of Travel:  | From:                  |  |  | То:                                   |  | 7  |
| DATE BRE   | AKFAST E LI            | UNCH L   | DINNER   | EINEIDENTA                            | IL AMOUNT CLAIM  | FD   |
|  |                        |  | NAME OF THE PARTY  | i i i i i i i i i i i i i i i i i i i |  | Roof Blue  |
|  |                        |  |  |                                       | 3,000  |  |
|  |                        |  | MARKET TO STATE OF THE STATE OF |                                       |  |  |
|  | (0)                    |  |  |                                       |  |  |
|  |                        |  |  | TOTA                                  | AL.  |  |
|  | (707                   | -  |  |                                       |  |  |
| CERTIFICATE OF C   | FFICER CLAIM           | ING INCIDEN  | TAL AND/   | DR MEAL ALL                           | -OWANCE  |  |
| I he travel for the<br>Handbook; and<br>I have not claim   | ,<br>ned allowances of | ned period was<br>on this form for t   | s for Official<br>trips where  | l purposes as o<br>the actual cos     | defined in the Ministerial<br>st of meals or<br>ence or airline meals. | l  |

MINISTERIAL SÉRVICES

NOTE: This form is not valid unless signed by the person claiming the allowance.

-5 FEB 2013

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Last updated: November 2011 Page 2 of 2

RTID224.pdf - Page Number: 340 of 431

Date:

Department of the Premier and Cabinet

| Document Number: | 19 | 2 | 99 | 5      | 6  |
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| MINISTERIAL OFFICES  EXPENDITURE APPROVAL   |  |   |  |  |  |
|---|--|---|--|--|--|
| Ministerial Office: PR+miEk's   | OFFICE   |   | antimorphism of the state of the | ************************************** |  |
| Financial Year: 2012/13   | State the last of the last o | Urgent payment                                  | required by: /   | / 20                                   |  |
| Return Cheque to:   | erkennisten en e  | Phone:  |  | · · · · · · · · · · · · · · · · · · ·  |  |
| PAYG: Yes / No  |  |   |  |  |  |
| VENDOR (name of person/business to be paid)   | PART   | CULARS  | TRUOMA   |  |  |
| Lee Anderson  | Meal on  | 21.2.2017                                       | 366 <i>.50</i>   |  |  |
|   |  | TOTAL<br>(GST exclusive)                        | \$   |  |  |
|   |  | GST Amount                                      | \$   |  |  |
| APPROVAL TOTAL: \$ 366.50   |  |   |  |  |  |
| <ul> <li>I certify that:</li> <li>Expenditure is approved and in accordance with the Queensland Ministerial Handbook;</li> <li>All supporting documentation is attached;</li> <li>Where applicable a valid Tax Invoice is attached;</li> <li>The purpose of any travel or entertainment is related to official business (unless specifically detailed); and</li> <li>When guests are not assisting the Minister details of cost recovery are attached.</li> </ul> APPROVED: Signature Name (please print) CAMPBELL NEWMAN Date: 21/2/13 PREPARED BY: Name (please print) Carolus Bide Date: 21/2/13 Phone 3405 3201 |  |   |  |  |  |
| MINISTERIAL SERVICES OFFICER:   |  |   |  |  |  |
| * approved by competent authority; * arithmetically correct; * verification of goods supplied/services rendered; * not previously paid;   |  |   |  |  |  |
| * price or rate of charge correct;  * discounts/allowances correct;   |  | ivoices/requisitions a<br>xpenditure is recorde | ttached and days are the correct of  | odes                                   |  |
| Signature: Wish   | <del>)</del> 1/3   | 2510  | 87M<br>21/13   |  |  |

Claims for Domestic Travel - See Overleaf

• Procedures for Completing Expenditure Approval - See Overleaf

| LUCCEDORES FOR COMPLETING EXPENDITURE APPROVA | EDURES FOR COMPLETING EXPE | NOTURE APPROVAL |
|---|----------------------------|-----------------|
|---|----------------------------|-----------------|

- Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- Only one vendor can appear on an Expenditure Approval.

From:

 The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

### **DOMESTIC TRAVEL CLAIM**

Date of Travel:

| INCIDENTAL ALLOWANCE   | MEAL ALLOWANCE   |  |  |  |
|--|--|--|--|--|
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details. | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |  |  |  |
|  |  |  |  |  |

| I i i i i i i i i i i i i i i i i i i i |         |        |            |                |
|---|---------|--------|------------|----------------|
| PEREAKEAS                               | T LUNCH | DINNER | INCIDENTAL | AMOUNT CLAIMED |
|   |         |        |            |                |
|   |         | )      |            |                |
|   |         |        |            |                |
|   |         |        |            |                |
|   |         |        | TOTAL      |                |

| CERTIFICATE OF OFFICER CLAIMING INCIDENTAL AND/OR MEAL ALLOWANCE   |
|--|
| I certify that:  I have not previously claimed this allowance for the above period;  The travel for the above mentioned period was for Official purposes as defined in the Ministerial Handbook; and  I have not elaimed allowances on this form for trips where the actual cost of meals or accommodation were met from another government source e.g. conference or airline meals. |
| Signature: Date:   |
| NOTE: This form is not valid unless signed by the person claireing the allowance.  |

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Last updated: November 2011

# **ENTERTAINMENT CERTIFICATION**

|   | onnection with offic | al duties in accordance with the Ministerial   |
|---|----------------------|--|
| Handbook  | remier Lee 1         | Aderson Dain'd Fagon & Michael   |
| Pritcher (both Courier  | Mail) -to            | nderson, David Fagan & Michael<br>discuss media issues.  |
| Crosses Court Courter   | 1.1001               |  |
|   |                      |  |
|   |                      |  |
| Date of Eunction: 21.2.2013   | Total Go:            | st. \$366.50<br>Park Road Milton   |
| Venue: Embers St  | tenkhowe -           | Park Road Milton   |
| venue   | cwciioosc -          | , and the second |
| ATTENDEES (Note: People for w   | hom expenditure w    | vas incurred   |
|   |                      |  |
| Name of Participants  | •                    | Organisation of Participants   |
| Premier of QLd  |                      | A  |
| Lee Anderson  |                      | Director of Gout Media   |
| David Fagan<br>Michael Crutcher   |                      | Director of Gout Media<br>Courier Mail   |
| Michael Crutcher  |                      | Courier Mail   |
|   |                      |  |
|   |                      |  |
|   |                      |  |
|   |                      |  |
|   |                      |  |
|   | 75)                  |  |
| *Attach additional page if necessary (eg gue.   | st list)             |  |
|   | /                    |  |
| CERTIFICATION AND A   | PPROVAL              |  |
| Certification of Claimant   |                      | Approval of Expenditure:   |
| I certify that the above entertainme purposes in accordance with the M Handbook and the information about rue details in relation to the event. | linisterial          | The above expenditure is approved for payment in accordance with the Ministerial Handbook.   |
| Signature 6<br>Claimant:  | Date 21,2,13         | Signature of Date Date   |

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Department of the Premier and Cabinet

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|  | Document Number.          |  |  |  |  |
|--|---------------------------|--|--|--|--|
| MINISTERIAL OFFICES  EXPENDITURE APPROVAL  |                           |  |  |  |  |
| Ministerial Office: <u>Premûer's</u>   |                           |  |  |  |  |
| Financial Year: <u>20/2 -/</u>   | 3Urgent payment           | t required by: // / 20                   |  |  |  |
| Return Cheque to:  | Phone:                    |  |  |  |  |
| PAYG: Yes / No   |                           |  |  |  |  |
| VENDOR (name of person/business to be paid)  | PARTICULARS               | AMOUNT                                   |  |  |  |
| Mineral<br>House News.   | Newspapers<br>and milk    | \$655-40                                 |  |  |  |
|  | TOTAL (GST exclusive)     | \$ 596.27                                |  |  |  |
|  | GST Amount                | \$ 57.13                                 |  |  |  |
| APPROVAL TOTAL: \$ 655 · 40  |                           |  |  |  |  |
| <ul> <li>I certify that:</li> <li>Expenditure is approved and in accordance with the Queensland Ministerial Handbook;</li> <li>All supporting documentation is attached;</li> <li>Where applicable a valid Tax Invoice is attached;</li> <li>The purpose of any travel or entertainment is related to official business (unless specifically detailed); and</li> <li>When guests are not assisting the Minister details of cost recovery are attached.</li> </ul> APPROVED: Signature Name (please print)   RISTIAN SCHUTER   Date: 01/03/13 |                           |  |  |  |  |
| PREPARED BY: Name (please print) BSC MCCOAN Date: 01/03/13  Phone 3224 4363.   |                           |  |  |  |  |
| MINISTERIAL SERVICES OFFIGER: I certify that: * approved by competent authority; * verification of goods supplied/service * price or rate of charge correct; * discounts/allowances correct;  Signature  Date:   | * involces/requisitions a | attached, and against the correct codes. |  |  |  |

Claims for Domestic Travel - Seé Overleaf

• Procedures for Completing Expenditure Approval - See Overleaf

### PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- 3. Only one vendor can appear on an Expenditure Approval.
- 4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

### DOMESTIC TRAVEL CLAIM

| INCIDENTAL ALLOWANCE   | MEAL ALLOWANCE   |
|--|--|
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details. | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |

| Date of Travel: | From: [   | (()\rangle | 10: [      |                |
|-----------------|-----------|------------|------------|----------------|
|                 |           |            |            |                |
| DATE BREAKE     | AST LUNCH | D!NNER     | INCIDENTAL | AMOUNT CLAIMED |
|                 |           |            |            |                |
|                 |           | )          |            |                |
|                 |           |            |            |                |
|                 |           |            |            |                |
|                 | (73)      |            |            |                |
|                 |           |            | TOTAL      |                |

# CERTIFICATE OF OFFICER CLAIMING INCIDENTAL AND/OR MEAL ALLOWANCE I certify that: I have not previously claimed this allowance for the above period; The travel for the above mentioned period was for Official purposes as defined in the Ministerial Handbook; and I have not claimed allowances on this form for trips where the actual cost of meals or accommodation were met from another government source e.g. conference or airline meals. Signature: Date: NOTE: This form is not valid unless signed by the person claiming the allowance.

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Last updated: November 2011

**Department of the Premier and Cabinet** 

| ne Premier and Ca | abinet |    | MSB004 |
|-------------------|--------|----|--------|
| ocument Number:   | 19     | 30 | 139    |
|                   |        |    |        |

|  | Document Number: 19 30159           |
|--|-------------------------------------|
|  | STERIAL OFFICES<br>IDITURE APPROVAL |
| Ministerial Office: Treasurer and Minister | er for Trade                        |
| Financial Year: 2012/2013                  | Urgent payment required by: // / 20 |
| Return Cheque to:                          | Phone:                              |
| PAYG: Yes / No                             |                                     |

| VENDOR<br>(name of person/business to be paid) | PARTICULARS                     | AMOUNT   |
|--|---------------------------------|----------|
| Eagle St News                                  | Newspapers 4/2/13 - 3/3/13      | \$320.40 |
|  |                                 |          |
|  | TOTAL<br>(GST exclusive)        | \$       |
|  | GST Amount                      | \$       |
|  | APPROVAL TOTAL: (GST inclusive) | \$320.40 |

| r |   | 416   |      |       |
|---|---|-------|------|-------|
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| , |   | LIIV  | LI   | ICIL. |

- Expenditure is approved and in accordance with the Queensland Ministerial Handbook;
- All supporting documentation is attached;
- Where applicable a valid Tax Invoice is attached;
- The purpose of any travel or entertainment is related to official business (unless specifically detailed); and
- When guests are not assisting the Minister details of cost recovery are attached.

| s.73 Signature   |
|--|
| APPROVED: Signature  |
| Name (please print) Tasmine Smits Date: 6-3-13.                              |
| PREPARED BY: Name (please print) Jasmine Smits (Office Manager) Date: 6/3/13 |
| Phone 07 3227 8443   |

| * arithmetically correct:                          |
|--|
| not previously paid;                               |
| invoices/requisitions attached; and                |
| expenditure is recorded against the correct codes. |
| - Mathr  |
|  |
|  |

- Claims for Domestic Travel See Overleaf
- Procedures for Completing Expenditure Approval See Overleaf

### PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- Only one vendor can appear on an Expenditure Approval.

From:

4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

### DOMESTIC TRAVEL CLAIM

Date of Travel:

| INCIDENTAL ALLOWANCE   | MEAL ALLOWANCE   |
|--|--|
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details. | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |

|                |              |        |            | <u>-</u>       |
|----------------|--------------|--------|------------|----------------|
| DATE BREAKFAST | LUNCH        | DINNER | INCIDENTAL | AMOUNT CLAIMED |
|                |              |        |            |                |
|                |              |        |            |                |
|                |              | 7      |            |                |
|                | $\bigcirc$ P |        |            |                |
|                |              |        | TOTAL      |                |

# CERTIFICATE OF OFFICER CLAIMING INCIDENTAL AND/OR MEAL ALLOWANCE I certify that: I have not previously claimed this allowance for the above period; The travel for the above mentioned period was for Official purposes as defined in the Ministerial Handbook; and I have not claimed allowances on this form for trips where the actual cost of meals or accommodation were met from another government source e.g. conference or airline meals. Signature: Date: NOTE: This form is not valid unless signed by the person claiming the allowance.

MINISTERIAL SERVICES

0 7 MAR 2013

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Last updated: November 2011 Page 2 of 2

| Please print on yel | llow pa | per |
|---------------------|---------|-----|
|---------------------|---------|-----|

Department of the Premier and Cabinet

MSB004

|        | Document Number: |          | 3024 | 7 |
|--------|------------------|----------|------|---|
| MINIST | ÉRIAL OFFICES    | - in the |      |   |
| EXPEND | ITURE APPROVAL   |          |      |   |

Ministerial Office: Attorney General a Minister for Indice

Financial Year: 2012 - 2013 Urgent payment required by: // /20

Return Cheque to: \_\_\_\_\_ Phone: \_\_\_\_\_

PAYG: Yes / No

| VENDOR<br>(name of person/business to be paid) | PARTICULARS                        | AMOUNT      |
|--|------------------------------------|-------------|
| Various Peth Cook                              |                                    | Q<br>211.40 |
| D.P.C.   |                                    | -           |
|  | (GST exclusive)                    | \$          |
|  | GST Amount                         | ·           |
|  | APPROVAL TOTAL:<br>(GST inclusive) | \$ 211.40   |

| I certify that:   |                           |  |  |
|---|---------------------------|--|--|
| Expenditure is approved and in accordance with the Queensland Ministerial Handbook; |                           |  |  |
| All supporting documentation is attached;   |                           |  |  |
| Where applicable a valid Tax Invoice is \$.73 Signature                             | ] .                       |  |  |
| The purpose of any travel or entertainm   | less (unless specifically |  |  |
| detailed); and  |                           |  |  |
| When guests are not assisting the Minis   | are attached.             |  |  |
|   | V                         |  |  |
| APPROVED: Signature   |                           |  |  |
| Name (please print) 1 David France Date: Date:                                      | 11 Marh 2013              |  |  |
| PREPARED BY: Name (please print)  | te: <u>08.03.13</u>       |  |  |
| Phone 32393487  | <u> </u>                  |  |  |

| MINISTERIAL SERVICES OFFICER:                       |  |
|---|--|
| I certify that                                      |  |
| approved by competent authority:                    | * arithmetically correct;  |
| * verification of goods supplied/services rendered. | *, not previously paid:  |
| * price or rate of charge correct;                  | invoices/requisitions attached and   |
| * discounts/allowances correct;                     | * expenditure is recorded against the correcticodes:   |
| Signature 1   | Mom  |
|   |  |
| Date: 13/03/15                                      | 19/05/13   |
|   | 。<br>1985年 - 1985年 - |

• Claims for Domestic Travel - See Overleaf



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**Department of the Premier and Cabinet** 

Document Number: 19 30 177

| MINIC                                      | TERM OFFICES                      |  |  |
|--|-----------------------------------|--|--|
| MINISTERIAL OFFICES EXPENDITURE APPROVAL   |                                   |  |  |
| Ministerial Office: Treasurer and Minister | for Trade                         |  |  |
| Financial Year: 2012/2013                  | Urgent payment required by / / 20 |  |  |
| Return Cheque to:                          | Phone:                            |  |  |

| PAYG: Yes / No                                 |  |           |
|--|--|-----------|
| VENDOR<br>(name of person/business to be paid) | PARTICULARS                              | AMOUNT    |
| Office of the Treasurer and Minister for Trade | Reimbursement of Petty Cash – March 2013 | \$247.70  |
|  | TOTAL<br>(GST exclusive)                 | \$        |
|  | GST Amount                               | \$        |
|  | APPROVAL TOTAL: (GST inclusive)          | \$ 247.70 |

| T | certify that:   |
|---|---|
| • | Expenditure is approved and in accordance with the Queensland Ministerial Handbook; |
|   | All supporting documentation is attached;   |
| 0 | Where applicable a valid Tax Invoice is attached;                                   |

The purpose of any travel or entertainment is related to official business (unless specifically detailed); and

When guests are not assisting the Minister details of cost recovery are attached. s 73 Signature APPROVED: Signature \_\_\_ Name (please print) Jaconine Smits Date: 14.3.13 PREPARED BY: Name (please print) Jasmine Smits (Office Manager) Date: 14/03/13 Phone 07 3227 8443

| MINISTERIAL SERVICES OFFICER:  |   |
|--|---|
| * approved by competent authority; * verification of goods supplied/services rendered; | * arithmetically correct; * hot previously paid;  |
| * price or rate of charge correct; * discounts/allowances correct;                     | <ul> <li>invoices/requisitions attached; and</li> <li>expenditure is recorded against the correct codes.</li> </ul> |
| Signature:   | W we  |
| Date: 2/03/13.   | () 22 [3]   |

- Claims for Domestic Travel See Overleaf
- Procedures for Completing Expenditure Approval See Overleaf

| PROCEDURES FOR COMPLETING EXPE  | <u>NDITURE</u>                          | APPROVAL                         | :<br>  |  |  |
|---|---|----------------------------------|--|--|--|
| Please complete the following areas o     (a) Ministerial Office  | n the fron                              | nt of this form                  | •  |  |  |
| <ul> <li>(b) Date cheque is required (If urge</li> <li>(c) Financial Year (e.g. 1997/98)</li> <li>(d) Vendor (i.e. name of person/bus</li> <li>(e) Particulars (give brief description</li> <li>(f) Amount (VERY IMPORTANT that</li> <li>(g) Certificate of approving person</li> <li>(h) Prepared by details</li> <li>2. Attach ALL relevant receipts, invoices, approval</li> </ul> | siness to<br>n of goods<br>at this is g | be paid)<br>s/services)<br>iven) |  |  |  |
| <ol> <li>Only one vendor can appear on an Exp</li> <li>The Minister MUST sign for all expending entertainment and travel.</li> </ol>  | anditura                                | Annracal                         |  |  |  |
| OMESTIC TRAVEL CLAIM  |   |                                  |  | ^  | 긘  |
| INCIDENTAL ALLOWANCE  | grandelisk                              |                                  | MEAL AL  | LOWANCE  | 1  |
| The Incidental Allowance is payable where a<br>Officer is away from their normal place of du<br>overnight. Rates are set out in the Ministerial<br>Handbook. Ministerial Services should be<br>contacted for details.   | rtsz –                                  | Services sh<br>the individua     | ilsterial Hand<br>ould be cont<br>al Officer's re<br>inether he/sl | e payable in accordance<br>dbook. Ministerial<br>acted for details. It is<br>esponsibility to<br>ne is entitled to claim | wine But here  |
| Date of Travel: From:   |   |                                  | To:  |  | Jagn   |
| DATE BREAKFAST LUNCH  | DIN                                     | NER IN                           | CIDENTAL   | AMOUNT CLAIMED   | 12/  |
|   | 15                                      | >                                | • · · · · · · · · · · · · · · · · · · ·                            |  | The state of the s |
|   | Dr                                      |                                  |  |  | 2  |
|   |   |                                  |  |  | 30   |
|   |   |                                  |  |  | 28   |
|   |   |                                  | TOTAL  |  | Ret  |
| ERTIFICATE OF OFFICER CLAIMING INC  |   |                                  |  |  | 63/13  |
| certify that:  I have not previously claimed this allowa<br>The travel for the above mentioned perio<br>Handbook; and   | nce for th                              | e above perio<br>Official purp   | od;<br>oses as defi  | ned in the Ministerial   | 0/51   |
| I have not claimed allowances on this for accommodation were met from another of  | m for trip:<br>governme                 | s where the a<br>nt source e.c   | ictual cost of<br>L conference                                     | meals or   |  |
| gnature:  |   | _ Date:                          |  | - Gamero modes.  |  |
| OTE: This form is not valid unless signed by  | y the pers                              |                                  | he allowance   |  |  |
|   | MINISTERIA                              | 1 828 TES                        | *  | <del></del>  |  |
| MINISTERIAL SERVICES  | 15 M/                                   | AR 2013                          |  |  |  |

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Department of the Premier and Cabinet

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|  | Document Number:             | 19/502          | 17    |  |  |
|--|------------------------------|-----------------|-------|--|--|
| PLANTA MINISTERIAL DEL CESTA DE LA CONTRACTOR DE LA CONTR |                              |                 |       |  |  |
|  | (PENDITURE APPROVAL          |                 |       |  |  |
| Ministerial Office: <u>Premi</u>   | ier's Office                 |                 | ····  |  |  |
| Financial Year: 2012-13  | Urgent paymer                | nt required by: | / 20  |  |  |
| Return Cheque to:  | Phone:                       |                 |       |  |  |
| PAYG: Yes / No   |                              |                 | ~ ~~~ |  |  |
| VENDOR (name of person/business to be paid)  | PARTICULARS                  | AMOUNT          |       |  |  |
| Petty Cash   | Petty Cash<br>Reconciliation | \$210.75        |       |  |  |
|  | TATAL                        |                 |       |  |  |

(GST exclusive)

APPROVAL TOTAL:

**GST Amount** 

(GST inclusive)

arithmetically correct,

invoices/requisitions attached; and
 expenditure is recorded against the correct codes

≛not previously paid;

\$

\$210.75

| I certify that:  |
|--|
| <ul> <li>Expenditure is approved and in accordance with the Queensland Ministerial Handbook;</li> </ul>                                |
| All supporting documentation is attached:  |
| Where applicable a valid Tax Invoice is attached;  |
| <ul> <li>The purpose of any travel or entertainment is related to official business (unless specifically<br/>detailed); and</li> </ul> |
| When guests are not assisting the Minister details of cost recovery are attached.      S.73 Signature  APPROVED: Signature             |
|  |
| Name (please print) KRISTIAN SCHLUTER Date: 17/3/13  |
| PREPARED BY: Name (please print) BGC MCCOAN Date: 12/3/13  |
| Phone <u>3224 4363</u>   |
|  |

Claims for Domestic Travel - See Overleaf

verification or goods supplied/services rendered; price or rate of charge correct,

MINISTERIAL SERVICES OFFICER.

approved by competent authority...

Date:

discounts/allowances correct Signature:

I certify that

· Procedures for Completing Expenditure Approval - See Overleaf

### PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- 3. Only one vendor can appear on an Expenditure Approval.
- 4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

### DOMESTIC TRAVEL CLAIM

| INCIDENTAL ALLOWANCE   | MEAL ALLOWANCE   |
|--|--|
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details. | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |

| Date of Trave | ek From:      |              | To:            |                 |
|---------------|---------------|--------------|----------------|-----------------|
| DATE          | SIBRIFAKIFAST | LUNCH DINNER | e e (olo)anui: | AMOUNITE KAIMED |

| DATE | LUNCH | DINNER -  | HINCIDENTAL  | AMOUNT CLAIMED   |
|------|-------|---|--|--|
|      |       |   |  |  |
|      |       |   | The state of the s | And the second s |
|      |       | подпис  | diam's bidding in the same of  |  |
|      | (7/5) | TOTAL |  |  |
|      |       |   | TOTAL  |  |

| CERTIFICATE OF OFFICIER CLAIM  | NING INCIDENTAL AND/OR MEAL ALLOWANCE  |
|--|--|
| The travel for the above mentio<br>Handbook; and<br>I have not claimed allowances of | nis allowance for the above period;<br>ned period was for Official purposes as defined in the Ministerial<br>on this form for trips where the actual cost of meals or<br>another government source e.g. conference or airline meals. |
| Signature:   | Date:  |
| NOTE: This form is not valid unless  | signed by the person claiming the allowance.   |

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Page 2 of 2

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**Department of the Premier and Cabinet** 

| he Premier and Ca |     |    | MSB004 |
|-------------------|-----|----|--------|
| ocument Number:   | 191 | 30 | 457    |
|                   |     |    |        |

|  | Document Number: 19 3007            |  |  |
|--|-------------------------------------|--|--|
| MINISTERIAL OFFICES EXPENDITURE APPROVAL   |                                     |  |  |
| Ministerial Office: Treasurer and Minister | er for Trade                        |  |  |
| Financial Year: 2012/2013                  | Urgent payment required by: // / 20 |  |  |
| Return Cheque to:                          | Phone:                              |  |  |
| PAYG: Yes / No                             |                                     |  |  |

| VENDOR<br>(name of person/business to be paid) | PARTICULARS                     | AMOUNT   |
|--|---------------------------------|----------|
| Eagle St News                                  | Newspapers – 4/3/13 – 31/3/13   | \$316.00 |
|  |                                 |          |
|  | TOTAL<br>(GST exclusive)        | \$       |
|  | GST Amount                      | \$       |
|  | APPROVAL TOTAL: (GST inclusive) | \$316.00 |

| ากวา | I certify |
|------|-----------|
| HIGH |           |
|      |           |

- Expenditure is approved and in accordance with the Queensland Ministerial Handbook;
- All supporting documentation is attached;
- Where applicable a valid Tax Invoice is attached;
- The purpose of any travel or entertainment is related to official business (unless specifically detailed); and
- When guests are not assisting the Minister details of cost recovery are attached.

| APPROVED: Signature |             |                  |        |
|---------------------|-------------|------------------|--------|
| Name (please print) | Jasmire Sm. | が Date: <u>s</u> | 2.4.13 |

PREPARED BY: Name (piease print) Jasmine Smits (Office Manager) Date: 2/4/13

Phone 07 3227 8443

| MINISTERIAL SERVICES OFFICER:                       |  |
|---|--|
| I certify that:                                     |  |
| * approved by competent authority;                  | * arithmetically correct;                            |
| * verification of goods supplied/services rendered; | * not previously paid;                               |
| * price or rate of charge correct;                  | * invoices/requisitions attached; and                |
| * discounts/allowances correct;                     | * expenditure is recorded against the correct codes. |
| Signature:  |  |
| Date: 01/04/13                                      | - ORIGITA  |
| US/04/13  | <u> </u>   |

- Claims for Domestic Travel See Overleaf
- Procedures for Completing Expenditure Approval See Overleaf

Last updated: November 2011

### PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

- Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- Only one vendor can appear on an Expenditure Approval.

From:

4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

### **DOMESTIC TRAVEL CLAIM**

Date of Travel:

| INCIDENTAL ALLOWANCE   | MEAL ALLOWANCE   |
|--|--|
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details. | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |

|                | <u>-</u> |        |            |  |
|----------------|----------|--------|------------|--|
| DATE BREAKFAST | LUNCH    | DINNER | INCIDENTAL | AMOUNT CLAIMED   |
|                |          |        |            | A CONTRACTOR OF THE PROPERTY O |
|                |          | >      |            |  |
|                |          |        |            |  |
|                | OP       |        |            |  |
|                | 7        | ·····  | TOTAL      |  |

| CERTIFICATE OF OFFICER CLAIMING INCIDENTAL A  | AND/OR MEAL ALLOWANCE  |
|---|--|
| I certify that:  I have not previously claimed this allowance for the                                 | ahove period:  |
| The travel for the above mentioned period was for C<br>Handbook, and                                  | official purposes as defined in the Ministerial                            |
| " I have not claimed allowances on this form for trips accommodation were met from another government | where the actual cost of meals or source e.g. conference or airline meals. |
| Signature:  | Date:  |
| NOTE: This form is not valid unless signed by the person  | n claiming the allowance.  |
|   | 0 5 APR 2013   |

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Department of the Premier and Cabinet

|   | Document Number.                    |
|---|-------------------------------------|
| MINI                                      | STERIAL OFFICES                     |
| EXPEN                                     | DITURE APPROVAL                     |
| Ministerial Office: Treasurer and Ministe | r for Trade                         |
| Financial Year: 2012/2013                 | Urgent payment required by: // / 20 |
| Return Cheque to: PAYG: Yes / No          | Phone:                              |
| VENDOR                                    |                                     |

| VENDOR<br>(name of person/business to be paid). | PARTICULARS                     |            | AMOUNT      |
|---|---------------------------------|------------|-------------|
| The Hon Tim Nicholls                            | Working Lunch – 10/04/13        | $\uparrow$ | 34.95       |
|   |                                 | Ĭ          |             |
|   | TOTAL<br>(GST exclusive)        | \$         | <del></del> |
|   | GST Amount                      | \$         |             |
|   | APPROVAL TOTAL: (GST inclusive) | \$         | 34.95       |

| ı | Ce | rtif | v t | hat:  |
|---|----|------|-----|-------|
|   | -  |      | vι  | ııcı. |

- Expenditure is approved and in accordance with the Queensland Ministerial Handbook;
- · All supporting documentation is attached;
- Where applicable a valid Tax Invoice is attached;
- The purpose of any travel or entertainment is related to official business (unless specifically detailed); and

| <ul> <li>When guests are not assisting the Minister details of cost recovery are attached.</li> </ul> |          |
|---|----------|
| APPROVED: Signature with deutlock   | <i>J</i> |
| Name (please print)The Hon Tim Nicholls, MP Date: 1(4/13,   |          |
| PREPARED BY: Name (please print) Kim McInnes Date: 11 - 4 - 13  |          |
| Phone 3224 6909   |          |

| MINISTERIAL SERVICES OFFICER:                       |  |                            |
|---|--|----------------------------|
| I certify that: * approved by competent authority;  | * arithmetically correct;                          |                            |
| * verification of goods supplied/services rendered; | * not previously paid:                             |                            |
| r price or rate of charge correct,                  | <ul> <li>invoices/requisitions attached</li> </ul> |                            |
| * discounts/allowances correct                      | * expenditure is recorded a                        | igainst the correct codes. |
| Signature: //////////                               | Wisi   |                            |
| Date: 4(104/75                                      |  |                            |
|   | $\sqrt{144/15}$                                    |                            |

- Claims for Domestic Travel See Overleaf
- Procedures for Completing Expenditure Approval See Overleaf

## PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL: Please complete the following areas on the front of this form: (a) Ministerial Office (b) Date cheque is required (If urgent payment required), or leave blank (c) Financial Year (e.g. 1997/98) (d) **Vendor** (i.e. name of person/business to be paid) (e) Particulars (give brief description of goods/services) (f) Amount (VERY IMPORTANT that this is given) (g) Certificate of approving person (h) Prepared by details 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approvál Only one vendor can appear on an Expenditure Approval. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel. DOMESTIC TRAVEL CLAIM INCIDENTAL ALLOWANCE MEAL ALLOWANCE The Incidental Allowance is payable where an Meal allowance rates are payable in accordance Officer is away from their normal place of duty with the Ministerial Handbook. Ministerial overnight. Rates are set out in the Ministerial Services should be contacted for details. It is Handbook. Ministerial Services should be the individual Officer's responsibility to contacted for details. determine whether he/she is entitled to claim this allowance. Date of Travel: From: To: DATE BREAKFAST LUNCH DINNER INCIDENTAL AMOUNT CLAIMED **TOTAL** CERTIFICATE OF OFFICER CLAIMING INCIDENTAL AND/OR MEAL ALLOWANCE

# CERTIFICATE OF OFFICER CLAIMING INCIDENTAL AND/OR MEAL ALLOWANCE I certify that: I have not previously claimed this allowance for the above period; The travel for the above mentioned period was for Official purposes as defined in the Ministerial Handbook; and I have not claimed allowances on this form for trips where the actual cost of meals or accommodation were met from another government source e.g. conference or airline meals. Signature: Date: NOTE: This form is not valid unless signed by the person claiming the allowance.

SOOMOS IGNOSIAMA SI SOOMOS IGNOSIAMA

| MIN<br>GOSP | OTERIAL SEE   |           |  |
|-------------|---------------|-----------|--|
| LIOS P      | Bound of Pro- | ICATION : |  |

| MINISTER  | IAL OFFICE Treasu  | rer and Minister for Trad  | <i>Please</i><br>DATE OF FUN                                   | e print on Pink Paper<br>CTION 10.04.13  |  |  |
|---|--|--|--|--|--|--|
| VENUE   | Treasurer's Office   | , Level 9, Executive Buildir<br>rge Street, Brisbane   |  | THE PARTY OF THE P |  |  |
| REASON I  | FOR HOSPITALITY  | and its connection with off  | cial duties in accordance with                                 | Ministerial Handbook   |  |  |
| Commission  | on of Audit working lu   | nch  | <del></del>  |  |  |  |
|   |  |  | 4  |  |  |  |
|   |  |  |  |  |  |  |
| ATTENDE   | ES: Only people for  | whom expenditure was   | incurred * Include Self  | #Include employee associates   |  |  |
| CONTRACTOR OF THE STREET                            | Column 1   | Column 2   | Column 3   | Column 4   |  |  |
| amber of  | are the state of t | Strings of English as  | Burn Septiment of Princip                                      | dictable and energy equipment  |  |  |
|   | 5  | 0  | /0   | 5  |  |  |
| Stratistican en | Name of P  | articipants  | Organisation   | of Participants  |  |  |
| The Ho  | n Tim Nicholls   |  | Treasurer and Minister for                                     | Trade  |  |  |
| Gerard  | Benedet  |  | Chief of Staff to the Treasurer and Minister for Trade         |  |  |  |
| Alex Be   | eavers   |  | Deputy Under Treasurer   |  |  |  |
| Greg To   | onks   | <u> </u>   | Treasury   | Treasury   |  |  |
| Geoff V   | Vaite  |  | Treasury   | · · · · · · · · · · · · · · · · · · ·  |  |  |
|   |  |  | >  |  |  |  |
| ** See o  | verleaf for more lines.  | Attach additional page if ned  | cessary (eg. guest list)                                       |  |  |  |
| GERGIEIO  | thowandarero   |  |  |  |  |  |
| Certification                                       | on of Claimant:  | and the state of t | Approval of Expenditur   | .e.:   |  |  |
| urposes in  | ormation above repre   | ly was for official<br>e Ministerial Handbook<br>esents the true details in  |  | s approved for payment in  |  |  |
| •   | _ \ / / /  | Date  U/4//S  Date  ure will suffice for Expenditure   | Signature of Minister  | Date   |  |  |
| Office was<br>Col (1) +<br>Col (                    | Col (2) x Total C  | والمراب والمرابط  | ject to FBT (use account code<br>mount not subject to FBT Code |  |  |  |
| 5   | 34.95  | \$ 34.95 = \$ 3  | 34.95 <b>(53030)</b>   |  |  |  |
| 5   |  |  | 0.00 (53010)   |  |  |  |

{Code balance (53010) to P4}

| Name of Participants | Organisation of Participants |
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|  | Document Number:   | 19/34800   |
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|  | ***MINISTERIAL OFFICES ****** EXPENDITURE ARREOVAL                       | The state of the s |
|  | EXPENDITURE APPROVAL   | <u>a 1945 - Arriva de Garago de Arriva de Arriva.</u><br>Esperante en 1965 de 1  |
| Ministerial Office: Treasure   |  |  |
| inancial Year: 2013/2014   |  | it required by // / 20   |
| Return Cheque to:  | Phone:   |  |
| PAYG: Yes/No   |  |  |
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| Eagle St News  | Newspapers – 30 Dec – 2 Feb<br>2014                                      | <b>\$</b> 303.60   |
|  | 2014   |  |
| A Company of the Comp |  |  |
| THE REAL PROPERTY.   | TOTAL<br>(CST exclusive)   | \$   |
| On Little Control of the Control of  | GST Amount   | \$   |
|  | APPROVAL TOTAL:<br>(GST inclusive)                                       | \$303.60   |
| l'centify their  |  | The colors of  |
| <ul> <li>Expenditure is approved:</li> <li>All supporting documenta</li> </ul>   | and in accordance with the Queensland Nation is attached.                | /////////////////////////////////////  |
| <ul> <li>Where applicable a valid</li> <li>The purposerof any trave</li> </ul>   | Tax Involce is attached;<br>For entertainment is related to official bus | Wiless specifically  |
| , detailed), and   | isting the Minister details of cost recovery                             |  |
| s.7  | 3 Signature  | ale attauneo.  |
| APPROVED: Signature  |  |  |
| Name (please print)  | Agina Som b. Date:   | 4.2.14   |
| PREPARED BY: Mars And  | ase print) Dasmine Smits (Office Manag                                   | or) Defect/2/14  |
|  |  | 31) Date: 4/2/14   |
| MINISTERIOL SERVICESCOFE   | Phone 07 3719 7207   |  |
| Confliction (Confidential)   |  | The second second  |
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Procedures for Completing Expenditure Approval - See Overleaf

### PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

- Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (б) Date cheque is required (If urgent payment required); or leave blank

2.46

- (c) **Financial Year** (e.g. 1997/98)
- (d) Vendor (i.e. name of person/business to be paid)
- (e) Particulars (give brief description of goods/services)
- (f) Amount (VERY IMPORTANT that this is given)
- (g) Certificate of approving person
- (h) Prepared by details
- Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure
- Only one vendor can appear on an Expenditure Approval.
- The Minister MUST sign for all expenditure relating directly to him/her and expenditure for Centertainment and travel.

### DOMESTIC TRAVEL CLAIM

# If the Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook Ministerial Services should be contacted for details. Handbook Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance.

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| i have not j   | reviously claimed th  |  |  |  |  |                |
|  | or the above mentio   | ned period was fi  | or Official purpo  | ises as defined in   | the Ministerial  |                |
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| Signature:   |   |  | Date:  |  | <b>建设制设备</b>   |                |
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Ministerial Services

Last updated: November 2011

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Department of the Premier and Cabinet

|   | Document Number:                       | 19/34815                |
|---|--|-------------------------|
|   | MINISTERIAL OFFICES PENDITURE APPROVAL |                         |
| Ministerial Office: Attorney-General  |  |                         |
|   |  |                         |
| Financial Year: 2013 – 2014   | 20                                     | required by: 22/02/2014 |
| Return Cheque to: George St   | NewS Phone: 32                         | 20 2052                 |
| PAYG: Yes/No  |  |                         |
| VENDOR (name of person/business to be paid)   |  | WWOANL #                |
| George St News  | Newspapers a<br>Mik, puis              | \$172.40                |
|   | deriveng                               |                         |
|   | TOTAL<br>(GST exclusive)               | \$                      |
|   | GST Amount                             | \$                      |
|   | APPROVAL TOTAL:<br>(GST inclusive)     | \$ 172.40               |
| certify that:   |  |                         |
| <ul> <li>Expenditure is approved and in a</li> <li>All supporting documentation is a</li> </ul> |  | /linisterial Handbook;  |
| Where applicable a valid Tax Invo   |  |                         |
| The purpose of any travel or ente detailed); and  | ertainment is 73 Signature             | lly                     |
| When guests are not assisting the Minister d  |  |                         |
| APPROVED: Signature:  | · · · ·                                | _/                      |
| Name (please print):  | Date:                                  | OS: O2: 14              |
| PREPARED BY: Name (please print   | t): Shannon Ponting E                  | Date: OS: O2 · 14       |
| Pho   | ne: (07) 3239 6413                     |                         |
| MINISTERIAL SERVICES OFFICER  |  |                         |

| MINISTERIAL SERVICES OFFICER:  | And the second of the second o |
|--|--|
| I certify that:  |  |
| approved by competent authority.   | et la  |
| **: Verification of goods supplied/services rendered ** ** not previously paid:  |  |
| price or rate of charge correct.   | s attached; and the start con-   |
| discolints/allowances.comech   | rded against the correct codes   |
| Signature: X/V Q   |  |
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| Date 1/2/14  | Control of the second  |
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Claims for Domestic Travel - See Overleaf

Procedures for Completing Expenditure Approval - See Overleaf PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL: Please complete the following areas on the front of this form: (a) Ministerial Office (b) Date cheque is required (If urgent payment required), or leave blank (c) Financial Year (e.g. 1997/98) (d) Vendor (i.e. name of person/business to be paid) (e) Particulars (give brief description of goods/services) (f) Amount (VERY IMPORTANT that this is given) (g) Certificate of approving person (h) Prepared by details Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval Only one vendor can appear on an Expenditure Approval. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel. DOMESTIC TRAVEL CLAIM MEAL ALLOWANCE INCIDENTAL ALLOWANGE Meal allowance rates are payable in accordance The Incidental Allowance is payable where an with the Ministerial Handbook. Ministerial Officer is away from their normal place of duty Services should be contacted for details. It is overnight. Rates are set out in the Ministerial the individual Officer's responsibility to Handbook. Ministerial Services should be determine whether he/she is entitled to claim contacted for details. this allowance. From: Date of Travel: DINNER INCIDENTAL AMOUNT CLAIMED DATE BREAKFAST BLUNCH **TOTAL** CERTIFICATE OF OFFICER CLAIMING INCIDENTAL AND/OR MEAL ALLOWANGE I certify that. I have not previously claimed this allowance for the above period; The travel for the above mentioned period was for Official purposes as defined in the Ministerial Handbook: and I have not claimed allowances on this form for trips where the actual cost of meals or accommodation were met from another government source e.g. conference or airline meals. Date: Signature:

- 6 FEB 20N

NOTE: This form is not valid unless signed by the person claiming the allowance.

Last updated: November 2011 Page 2 of 2

RTID224.pdf - Page Number: 379 of 431

| Please print on yellow paper Departi  | ment of the Premier and Cabin                         | et MSB004                                  |
|---|---|--|
|   | Document Number:                                      | 19 34848                                   |
|   | MINISTERIAL OFFICES                                   |  |
|   | (PENDITURE APPROVAL                                   | · · · · · · · · · · · · · · · · · · ·      |
| Ministerial Office: office of the   |   |  |
| Financial Year: 2013/14   | Urgent payment  | t required by: / / 20                      |
| Return Cheque to:   | Phone:  |  |
| PAYG: Yes / No  |   |  |
| VENDOR<br>(name of person/business to be paid)  | PARTICULARS   | AMOUNT                                     |
|   | Meeting with Corner                                   | V  |
| Mr Lee Anderson.  | Meeting with Corner<br>Man to discuss Media<br>Issues | \$ 35                                      |
|   | TOTAL (GST exclusive)                                 | \$   |
|   | GST Amount  | \$   |
|   | APPROVAL TOTAL:<br>(GST inclusive)                    | \$ 35                                      |
| <ul> <li>All supporting documentation is</li> <li>Where applicable a valid Tax Inv</li> <li>The purpose of any travel or ent detailed); and</li> <li>When guests are not assisting the</li> </ul>             | / / / . /   | ness (unless specifically                  |
| APPROVED: SignatureName (please print)  | MtW Date: _   | 6/2/14                                     |
| PREPARED BY: Name (please prin  | nt) <u>KIWYW/Farward</u> Dat<br>one <u>3719</u> 7013  | te: b/2/14                                 |
| MINISTERIAL SERVICES OFFICER: I certify that:  * approved by competent authority;  * verification of goods supplied/service:  * price or rate of charge correct;  * discounts/allowances correct;  Signature: | * invoices/requisitions at                            | tacked; and<br>dagainst the correct codes. |

Claims for Domestic Travel - See Overleaf

Procedures for Completing Expenditure Approval - See Overleaf

### PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- Only one vendor can appear on an Expenditure Approval.
- 4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

### DOMESTIC TRAVEL CLAIM

Signature:

### **MEAL ALLOWANCE** INCIDENTAL ALLOWANCE The Incidental Allowance is payable where an Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Services should be contacted for details. It is Handbook. Ministerial Services should be the individual Officer's responsibility to determine whether he/she is entitled to claim. contacted for details. this allowance. To: Date of Travel: From: DINNER INCIDENTAL AMOUNT CLAIMED DATE **BREAKFAST** LUNCH TOTAL CERTIFICATE OF OFFICER CLAIMING INCIDENTAL AND/OR MEAL ALLOWANCE I certify that: I have not previously claimed this allowance for the above period; The travel for the above mentioned period was for Official purposes as defined in the Ministerial Handbook, and have 5.73 Signature prm for trips where the actual cost of meals or government source e.g. conference or airline meals. accomi

Winisterial Services
-7 FEB 20W

Date: \_\_\_\_ 06 102/14

Last updated: November 2011 Page 2 of 2

NOTE: This form is not valid unless signed by the person claiming the allowance

## MINISTERIAL SERVICES

# HOSPITALITY CERTIFICATION

| MINISTERIAL OFFICE: PYCH   | WHEN'S  | Please DATE OF FUNC          | print on Pink Paper<br>FION: 22 (၃)   4 |
|--|---|------------------------------|---|
| venue 'Fat Nooc  |   | COST OF FUNCTION             | - AF A                                  |
| REASON FOR HOSPITALITY   |   | duties in accordance with Mi | nisterial Handbook                      |
| Meeting to discuss   | •   | dation in doction with in    |   |
| 11000/11/9 10 2/13/2023  | INCOM 133VOF.   |                              |   |
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| and the second s |   |                              |   |
| ها خود بالمحمد بالمحمد في المساور المحمد المحمولية والمحمد أناث أنه المحمولية في المحمد المحم |   |                              |   |
| ATTENDEES: Only people for   | whom expenditure was inc  | urred * Include Self         | # Include employee associates           |
| Column 1   | Column 2  | Column 3                     | Column 4                                |
| Number of State Govidamployees   | Number of Employees of A  | Number of Other People is    | Total Number of People 🖖                |
| 0  | O   | 0                            | 0                                       |
| Name of F  | Participants  | Organisation                 | of Participants                         |
| Mr Lee Anderson  |   | office of the Pre            |   |
| 2 MV Des Hought  |   | Covier Ma                    |   |
| MAIN DES LIGO JANA   | <u> </u>  | I via                        |   |
|  | <b>→</b>  |                              |   |
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| ** See overleaf for more lines.  | Attach additional page if necess  | sary (eg. guestilist)        |   |
| CERTIFICATION AND APPRO  | VAL A SEE SOCIAL  |                              |   |
| Certification of Claimant:   |   | Approval of Expenditure      |   |
| I certify that the above hospitali   | - Table 1. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -  | The above expenditure is     |   |
| prooses in accordance with the the information above repr  | (**) ** | accordance with the Minis    | terial Handbook                         |
| relation to the event.   |   |                              |   |
| s.73 Signature   |   |                              |   |
|  | 06/02/14  |                              |   |
| Signature of Claimant  | Date  | Signature of Minister        | Date                                    |
| olgi laisite ol olalitia ili   | Date  | $\mathbf{O}$                 | Date                                    |
| (If claimant is Minister, this signature will suffice for Expenditure  |   | remier                       |   |
| Approval)  |   |                              |   |
| Office Use Only CALCULATION  | ØN:∃FB∏and∛Non FB∏∗breal  | kdown                        |   |
| Col (1) + Col (2) x Total (  | Cost = Amount subject   | ct to FBT (use account code  | 53030 for FBT Component)                |
| Col (4)  | Balance = Am  | ount not subject to FBT Cod  | e to 53010 (tax code P4)                |
| 0.00   | \$ #DIV/0! = \$ #E  | 0[V/0! <b>(53030)</b>        |   |
| • 0  |   | DIV/0! (53010)               | Total 0.00                              |
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|  | 医二甲二甲二甲醛 经工作的 的复数   | {code ba                     | lance (53010) to P4}                    |

### ATTENDEES Contd: "Note: People for whom expenditure was incurred

| Name of Participants   | Organisation of Participants   |
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| Please print on yellow paper Departi  | ment of the Premier and Cabir      |  |  |
|   | Document Number:                   | 19/34852                                     |  |
|   | MINISTERIAL OFFICES                |  |  |
| <u>E</u>  | (PENDITURE APPROVAL                |  |  |
| Ministerial Office: of the  | fremier                            |  |  |
| Financial Year: 2013/14   | Urgent paymen                      | t required by: // /20                        |  |
| Return Cheque to:   | Phone:                             |  |  |
| PAYG: Yes / No  | w                                  |  |  |
| VENDOR<br>(name of person/business to be paid)  | PARTICULARS                        | AMOUNT                                       |  |
| Liver Durcha C. I   | Cateving -                         |  |  |
| Miss Kirsten Forward  | Cyclone Pre-Briefing               | \$60   |  |
|   | (GST exclusive)                    | \$   |  |
|   | GST Amount                         | \$   |  |
|   | APPROVAL TOTAL:<br>(GST inclusive) | \$ 60  |  |
| <ul> <li>All supporting documentation is</li> <li>Where applicable a valid Tax Inv</li> <li>The purpose of any travel or ent detailed); and</li> </ul>              |                                    | iness (unless specifically                   |  |
| s.73 S  | ignature cost 1600very             | are attached.                                |  |
| APPROVED: Signature   |                                    |  |  |
| Name (please print) Rata Wille Date: 7 /2/14  |                                    |  |  |
| PREPARED BY: Name (please prin  | 27 ~ 70.7                          | te: 31/1/14                                  |  |
| MINISTERIAL SERVICES OFFICER:   |                                    |  |  |
| I certify that:  * approved by competent authority;  * verification of goods supplied/service:  * price or rate of charge correct;  * discounts/allowances correct; | * involces/requisitions a          | tteched; and<br>d against the correct codes. |  |

Date: 107/02/14

Claims for Domestic Travel - See Overleaf

\* discounts/allowances correct
Signature:

Procedures for Completing Expenditure Approval - See Overleaf

#### PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL;

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- Only one vendor can appear on an Expenditure Approval.
- 4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

#### DOMESTIC TRAVEL CLAIM

s.73 Signature

Signature:

| INCIDENTAL ALLOWANCE   | MEAL ALLOWANCE   |
|--|--|
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details. | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |

| QINNER IN             | CIDENTAL A        | MOUNT CLAIME | D_   |
|-----------------------|-------------------|--------------|--|
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| IDENTAL AND/OR N      | MEAL ALLOWAN      | (CE          |  |
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| ance for the above ne | iod:              |              |  |
|                       | EIDENTAL AND/OR N | TOTAL        | TOTAL  TOTAL  TIDENTAL AND/OR MEAL ALLOWANCE |

Last updated: November 2011 Page 2 of 2

accommodation were met from another government source e.g. conference or airline meals.

NOTE: This form is not valid unless signed by the person claiming the allowance

Date:

## MINISTERIAL SERVICES HOSPITALITY CERTIFICATION

| REASON FOR HOSPITALITY and its connection with official duties in accordance with Ministerial Handbook  Multing to have a pre-briefing regarding (yclove dylan.  ATTENDEES: Only people for whom expenditure was incurred recording recording to have a pre-briefing regarding (yclove dylan.  ATTENDEES: Only people for whom expenditure was incurred recording recording the following associates column 1.  Column 2.  Column 3.  Column 3.  Column 4.  Number of Participants  District States and Number of People of the Premier of the free of | lease print for the function is a second term of the function is a | on Pink Paper  |
|--|--|--|
| REASON FOR HOSPITALITY and its connection with official duties in accordance with Ministerial Handbook  Mileting to have a pre-brefing regarding cyclone bylan.  ATTENDEES: Only people for whom expenditure was incurred include Self. # Include employee associates  Column 1 Column 2 Column 3 Column 4  Ministerial Handbook  Number of Employees of Stationary Station | CTION (GST inclusi   | /<br>ive):\$ 0.00  |
| ATTENDEES: Only people for whom expenditure was incurred  Column 1  Column 2  Column 3  Column 4  Column 4  Column 3  Column 4  Column 4  Column 3  Column 4  Column 3  Column 4  Column 3  Column 4  Column 3  Column 4   with Ministerial   | Handbook   |
| Column 1  Column 2  Column 3  Column 4  Number of Statutory Employees Statutory Bodies:  O  Name of Participants  Nor Lee Anderson  Mr Lee Anderson  Mr Mitch Grayson  Mr Puter Turn bull  Certification of Claimant:  Certificati | . (  | 2 ().  |
| Column 3 Column 4  Nomber of Statutory Employees Statutory Booles Statutor |  |  |
| Column 3 Column 4  Nomber of Statutory Employees Statutory Booles Statutor |  |  |
| Column 3 Column 4  Nomber of Statutory Employees Statutory Booles Statutor | Self # Include   | e employee associates  |
| Name of Participants  Premier  My Lee Anderson  Mr Mitch Grayson  Office of the Premier  Office of the Premier  The above oxpenditure:  The above expenditure is approved for payment in accordance with the Ministerial Handbook.  The above expenditure is approved for payment in accordance with the Ministerial Handbook.  Signature  William to the event.  Signature  William to the event.  Signature  William to Minister (this signature will suffice for Expenditure)  Signature of Minister  Premier  Premier  |  |  |
| Name of Participants  Premier  My Lee Anderson  Mr Mitch Grayson  Office of the Premier  Office of the Premier  Mr Mitch Grayson  Office of the Premier  Mr Mitch Grayson  Office of the Premier  Mr Mitch Grayson  Office of the Premier  The above expenditure is approved for payment in accordance with the Ministerial Handbook.  The information above represents the true details in relation to the event.  Signature  Signature of Minister Date  Premier  Date  Premier  | opie / 12 : Total  | Number of People   |
| Hon Campbell Newman  My Lee Anderson  My Lee Anderson  My Rich Grayson  Mr Mitch Grayson  The Premier  Office of the Premier  The Approval of Expenditure:  I certify that the above hospitality was for official process in accordance with the Ministerial Handbook at the information above represents the true details in relation to the event.  Signature  Signature  Signature of Claimant  Date  Signature of Minister  Date  Premier  Premier   |  | 0  |
| Hon Campbell Newman  My Lee Anderson  My Lee Anderson  My Rich Grayson  Mr Mitch Grayson  The Premier  Office of the Premier  The Approval of Expenditure:  I certify that the above hospitality was for official process in accordance with the Ministerial Handbook at the information above represents the true details in relation to the event.  Signature  Signature  Signature of Claimant  Date  Signature of Minister  Date  Premier  Premier   | sation of Partic   | cipants  |
| My Lee Anderson  My My Lee Anderson  My M  | the second second second   |  |
| Mr Mitch Grayson  "See overleaf for more lines. Attach additional page if necessary (eg. guest list)  "See overleaf for more lines. Attach additional page if necessary (eg. guest list)  "See overleaf for more lines. Attach additional page if necessary (eg. guest list)  "See overleaf for more lines. Attach additional page if necessary (eg. guest list)  Certification of Claimant:  I certify that the above hospitality was for official process in accordance with the Ministerial Handbook at the information above represents the true details in relation to the evenit.  Signature  Signature of Claimant Date  Signature of Minister Date premier  Oik to Mr  Signature of Minister Date premier  | the Premie   | V  |
| "See overleaf for more lines. Attach additional page if necessary (eg. guest list)  CERTIFICATION AND APPROVAL  Certification of Claimant:  I certify that the above hospitality was for official proses in accordance with the Ministerial Handbook at the information above represents the true details in relation to the event.  Signature  Signature  Signature of Claimant  Date  Date  Date  Premier  Date  Premier   |  |  |
| ** See overleaf for more lines. Attach additional page if necessary (eg. guest list)  **Certification of Claimant:    Certify that the above hospitality was for official proses in accordance with the Ministerial Handbook at the information above represents the true details in relation to the event.    Signature   Sig |  |  |
| Certification of Claimant:  I certify that the above hospitality was for official proses in accordance with the Ministerial Handbook and the information above represents the true details in relation to the event.  Signature  Signature  Signature of Claimant  Date  Signature of Minister  Date  Premier  Approval of Expenditure:  The above expenditure is approved for payment in accordance with the Ministerial Handbook.  Signature of Minister  Signature of Minister  Date  Premier   | the Premie   | ev   |
| Certification of Claimant:  I certify that the above hospitality was for official proses in accordance with the Ministerial Handbook and the information above represents the true details in relation to the event.  Signature  Signature  Signature of Claimant  Date  Signature of Minister  Date  Premier  Approval of Expenditure:  The above expenditure is approved for payment in accordance with the Ministerial Handbook.  Signature of Minister  Signature of Minister  Date  Premier   | enveren synder er engensensensensensensenskabelektronensensensen   | ramanana manandari da la Jawa na manandari mangala manga at manga at mangana manana mangana mangana mangana ma   |
| Certification of Claimant:  I certify that the above hospitality was for official proses in accordance with the Ministerial Handbook and the information above represents the true details in relation to the event.  Signature  Signature of Claimant  Date  Signature of Minister  Date  Premier  Approval of Expenditure:  The above expenditure is approved for payment in accordance with the Ministerial Handbook.  Signature of Minister  Date  Premier   |  |  |
| I certify that the above hospitality was for official proses in accordance with the Ministerial Handbook and the information above represents the true details in relation to the event.  Signature  Signature of Claimant  Date  Signature of Minister  Date  Signature of Minister  Date  Signature of Minister  Date  Premier   |  |  |
| proses in accordance with the Ministerial Handbook accordance with the Ministerial Handbook.  Signature of Minister Date  Signature of Minister Date  Premier   |  |  |
| Signature of Claimant Date Signature of Minister Date Premier Of Signature of Minister Premier   |  |  |
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| (i) orderinate to minister the digitation will define the control of the control  | <del>ler</del> Date  | EXT VOLUME   |
|  | rier   | eppinent.  |
| Office Use Only CALCULATION - FBT and Non FBT breakdown  |  |  |
|  |  |  |
| Col (1) + Col (2) x Total Cost = Amount subject to FBT (use account code 53030 for FBT Component)  Col (4) Balance = Amount not subject to FBT Code to 53010 (tax code P4)   |  | 7 (MATERIAL A. A. W. 1977)   |
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| 200  |  | 0.00   |
| 17   |  |  |
|  |  | <b>53030)</b><br><b>53010) Total</b><br>Code balance (53   |

#### ATTENDEES Contd: \*\*Note: Péople for Whom expenditure was incurred

| Name of Participants | Organisation of Participants   |
|----------------------|--|
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Department of the Premier and Cabinet

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|   | Document Number:   | 19/35/61   |  |  |
|---|--|--|--|--|
|   | MINISTERIAL OFFICES  |  |  |  |
| E>  | (PENDITURE APPROVAL  |  |  |  |
| Ministerial Office: of the  | -Premier   |  |  |  |
| Financial Year: 2013/14   | Urgent payme   | ent required by: / / 20  |  |  |
| Return Cheque to:   | Phone:   |  |  |  |
| PAYG: Yes / No  |  |  |  |  |
| VENDOR<br>(name of person/business to be paid)  | PARTICULARS  | AMOUNT   |  |  |
| Mr Lee Anderson   | Media Meeting  | \$144  |  |  |
|   | TOTAL<br>(GST exclusive  | 1 %  |  |  |
|   | GST Amoun  | t   \$   |  |  |
|   | APPROVAL TOTAL GST inclusive   | / * I  |  |  |
| <ul> <li>All supporting documentation is a Where applicable a valid Tax Inv</li> <li>The purpose of any travel or ente detailed); and</li> <li>When guests are not assisting the</li> </ul> |  | siness (unless specifically  |  |  |
| APPROVED: SignatureName (please print)  | Date:  | 20/2/14  |  |  |
| PREPARED BY: Name (please print) KIVSTW FOWWARD. Date: 19214  Phone 3719 7013   |  |  |  |  |
| MINISTERIAL SERVICES OFFICER:   | والمنافقة والمنا | The state of the s |  |  |
| I certify that:  * approved by competent authority;  * verification of goods supplied/service:  * price or rate of charge correct;  * discounts/allowances correct;  Signature:             | * invoices/requisitions  |  |  |  |
| Date: 04/03/14  | 74/3/14  |  |  |  |
| Claims for Domestic Travel - See O  | verleaf \ \ \  |  |  |  |

|  |  | j Expenditure Appro<br>TING EXPENDITURI  |  |   | ,                                     |
|--|--|--|--|---|---------------------------------------|
| 1. Please (a) Min (b) Da (c) Fin (d) Vel (e) Pai (f) Arr (g) Ce (h) Pre 2. Attach A approva 3. Only one 4. The Min | complete the follo<br>nisterial Office<br>te cheque is reques<br>ancial Year (e.g.<br>ndor (i.e. name<br>rticulars (give brid<br>lount (VERY IMP<br>rtificate of appro<br>pared by details<br>LL relevant receil<br>le vendor can appe | wing areas on the fro<br>lired (If urgent paymond).<br>1997/98)<br>of person/business to<br>ef description of good<br>ORTANT that this is over | nt of this fent require be paid) s/services given) | orm: ed), or leave blank s) ms, travel forms e                  | to to this expenditure                |
| DOMESTIC 1   | TRAVEL CLAIM   |  |  |   | · · · · · · · · · · · · · · · · · · · |
| IN   | ICIDENTAL ALLO   | OWANCE   |  | MEALALI   | OWANCE                                |
| Officer is awa overnight. Ra   | al Allowance is pay<br>by from their norm<br>tes are set out in<br>finisterial Services<br>details.  | al place of duty<br>the Ministerial  | with the Service the ind                           | ≨ Mihisterial Hand<br>≥s should be cont<br>ividual Officer's re | acted for details. It is              |
| Date of Trave  | el: From:  |  |  | То:   |                                       |
| DATE   | BREAKFAST  | LUNCH D  | NNER   | INCIDENTAL  | AMOUNT CLAIMED                        |
|  |  |  |  |   |                                       |
| TOURING TRUITER AND  |  | <u></u>  | · · · · · · · · · · · · · · · · · · ·              | TOTAL   | VIIII NAAA                            |
|  | (90)   |  |  | · · · · · · · · · · · · · · · · · · ·                           |                                       |
|  | E OF OFFICER C   | LAIMING INCIDENT   | AL AND/  | OR MEAL ALLOV   | VANCE                                 |
| " The trave<br>Handboo<br>" I have no  | al for the above m<br>k; and<br>at elaimed allowar   | ned this allowance for<br>ventioned period was<br>nees on this form for t  | for Officia<br>rips where                          | l purposes as defi  |                                       |

Ministerial Services

NOTE: This form is not valid unless signed by the person claiming the allowance.

Last updated: November 2011 Page 2 of 2

## MINISTERIAL SERVICES

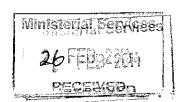
## HOSPITALITY CERTIFICATION

| MINISTERIAL OFFICE: Prem  | iev's  | Please DATE OF FUNC           | print on Pink Paper  |
|---|--|-------------------------------|--|
| VENUE <u>Great Wes</u>  | ten Hotel.   | COST OF FUNCTION              | (GST inclusive); \$0.00  |
| REASON FOR HOSPITALITY  | and its connection with official   | duties in accordance with Mi  | nisterial Handbook   |
|   |  |                               |  |
| Media Meeting.  | , , , , , , , , , , , , , , , , , , ,  |                               |  |
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| ANDRA ILABAKANSKI USPIKI IMBI I DAPI MISPINISPINI POPATORIS (POPATORIS ANDRA SERVICE) | oderaktera de mondel estado fortado de defenda de defendo de 1900 de 1900 de 1900 de defendo de 1900 de 1900 d |                               |  |
| ATTENDEES: Only people for  | whom expenditure was inc   | urred * Include Self          | #/nclude employee associates   |
| Column 1  | Column 2   | Column 3                      | Colúmn 4   |
| Number of State Govt Employees ##   | 하나 아이 사람이 아니다가 그리고 아무지 않아 하면 하나 하는 그렇게 아니라 하나 하나 하나 아니다 나를 하다.   | Number of Other People        | Total Number of People   |
| 0   | 0  | 0                             | 0  |
| Name of F   | Participants   | Organisation                  | of Participants  |
| 1 How Campbell Ne   | wman   | Premie                        | 91   |
| 2 MR Ben Myers  |  | office of                     | the Premier  |
| 3 MR Mitch Grays  | row  | office of                     | he Premier<br>the Premier  |
| 4 MR Lee Anderson   |  | Office of +                   | he Premier   |
| 5 MR Frazer Pear  |  |                               | ptow Morning Bulletin  |
| 6   |  |                               |  |
|   | Attach additional page if necess   | sary (eg. guest list)         | and decrease and the lateral tribulation of the entries of the effect of |
| CERTIFICATION AND APPRO   | VAL  |                               |  |
| Certification of Claimant:  |  | Approval of Expenditure       |  |
| I certify that the above hospital   |  | The above expenditure is      | approved for payment in  |
| purnses in accordance with th   |  | accordance with the Minis     | terial Handbook.   |
| and the information above representation to the event.                                | esents the true details in   | V 1                           | •  |
| A   |  | 1 /1                          |  |
| s.73 Signature  | (0)  |                               | 1 1  |
|   |  | 1 7. 11                       | . 26/2/2014  |
| Signature of Claimant   | Date   | Signature of Minister         | Date   |
| (If alabas and in Affiniation Albi Co. At   |  | Dromier                       | * 1  |
| (If claimant is Minister, this signate<br>Approval)                                   | ure will surfice for Expenditure   |                               |  |
| Approvar)   |  |                               |  |
| Office Use Only :CALCULATI  | ON - FBT and Non FBT brea  | kdown                         | -  |
| Col (1) + Col (2) x Total (   | Cost = Amount subje  | ct to FBT (use account code   | 53030 for FBT Component)   |
| Col (4)   |  | nount not subject to FBT Code |  |
| 00.00   | \$ #DIV/0! = \$ #E   | OIV/0! (53030)                | •  |
| 0   | Balance = \$ #Ē  | OIV/0! (53010)                | Total 0.00   |
|   |  | {Code ba                      | alance (53010) to P4}  |

RTID224.pdf - Page Number: 395 of 431

## ATTENDEES Contd: \*\*Note: People for whom expenditure was incurred

| er el                       | Name of Participants | Organisation of Participants |
|-----------------------------|----------------------|------------------------------|
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| 300<br>300<br>300           |                      |                              |
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| Please print on yellow paper D   | epartment of the Premier and Cabir   | net / MSB004   |
|--|--|--|
| 4  | Document Number:   | 19/35230   |
|  | MINISTERIAL OFFICES EXPENDITURE APPROVAL   |  |
| Ministerial Office: Treasurer  | and Minister for Trade   | - Commission of the Commission |
| Financial Year: 2013/2014  | Urgent paymen  | t required by: 7 / 20  |
| Return Cheque to:  |  |  |
| PAYG: Yes / No   |  |  |
| VENDOR<br>(name of person/business to be   | paid) PARTICULARS  | AMOUNT   |
| Eagle St News  | Newspapers – 3 Feb – 2 Mar<br>2014   | \$321.40   |
| `  <br>`?<br>  |  |  |
|  | TOTAL<br>(GST exclusive)   | \$   |
|  | GST Amount   | \$   |
|  | APPROVAL TOTAL: (GST inclusive)  | \$321.40   |
| <ul> <li>All supporting documentate</li> <li>Where applicable a valid in the purpose of any travel detailed); and</li> <li>When guests are not assistant assistant and support /li></ul> | Tax Invoice is attached; or entertainment is related to official busing the Minister details of cost recovery  Signature Date: | iness (unless specifically are attached.   |
|  | Phone 07 3719 7207   |  |
| MINISTERIAL SERVICES OFFI I certify that approved by competent autho verification of goods supplied/ price or rate of charge correct discounts/allowances correct  | rify, * arithmetically correct;<br>services rendered, * not previously paid;<br>:- invoices/requisitions a                     | ttached; and<br>d against the correct codes.   |
| Signature: //  | 3/14 / 10  | 103/14   |

Claims for Domestic Travel - See Overleaf

Procedures for Completing Expenditure Approval - See Overleaf
 PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (b) Prepared by details
- 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- 3. Only one vendor can appear on an Expenditure Approval.
- The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

#### DOMESTIC TRAVEL CLAIM

| INCIDENTAL ALLOWANCE  | MEAL ALLOWANCE   |
|---|--|
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details.                        | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |
| Date of Travel: From:   | To:  |
| DATE BREAKFAST LUNCH DI   | NER INCIDENTAL AMOUNT CLAIMED  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   | TOTAL  |
| \$(0)7  | :  |
| CERTIFICATE OF OFFICER CLAIMING INCIDENTA   | AL AND/OR MEAL ALLOWANCE   |
| I certify that:  I have not previously claimed this allowance for The travel for the above mentioned period was for Handbook, and  I have not claimed allowances on this form for traccommodation were met from another government. | or Official purposes as defined in the Ministerial ips where the actual cost of meals or   |
| Signature:  | Date:  |

MINISTERIAL SERVICES

NOTE: This form is not valid unless signed by the person claiming the allowance.

-7 MAR 2014

Last updated: November 2011 Page 2 of 2

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|------------------------------|--------|-------|----|--------|------|
|------------------------------|--------|-------|----|--------|------|

| Department of the Premier and C | abinet MSB004 |
|---------------------------------|---------------|
| Document Number:                | 19/35252      |

| MINISTERIAL OFFICES  EXPENDITURE APPROVAL   |  |           |  |  |  |  |
|---|--|-----------|--|--|--|--|
| Ministerial Office: Attorney-General and Minister for Justice   |  |           |  |  |  |  |
| Financial Year: 2013 – 2014 Urgent payment required by 23 /33 / 2013  |  |           |  |  |  |  |
| Return Cheque to: Seorge  | ST NEWS Phone: 32  | 236 \$533 |  |  |  |  |
| PAYG: Yes / No  |  |           |  |  |  |  |
| VENDOR (name of person/business to be paid)   | PARTICULARS  | AMOUNT    |  |  |  |  |
| George St News  | newspapers & mik purs deriver  | \$180.30  |  |  |  |  |
|   | TOTAL<br>(GST exclusive)   | \$        |  |  |  |  |
| GST Amount \$ APPROVAL TOTAL:   |  |           |  |  |  |  |
|   | (GST inclusive)  | \$ 180.30 |  |  |  |  |
| I certify that:  Expenditure is approved and in accordance with the Queensland Ministerial Handbook;  All supporting documentation is attached;  Where applicable a valid Tax Invoice is attached:  The purpose of any travel or entertainment detailed); and  When guests are not assisting the Minister  APPROVED: Signature: |  |           |  |  |  |  |
| Name (please print): David France Date: 613 14.   |  |           |  |  |  |  |
| PREPARED BY: Name (please print): Shannon Ponting Date: 06.03.14  Phone: (07) 3239 6413   |  |           |  |  |  |  |
| MINISTERVAL SERVICES OFFICER:   |  |           |  |  |  |  |
| l certify that:     * approved by competent authority;     * verification of goods supplied/service;     * price or rate of charge correct;     * discounts/allowances correct;     Signature;     Date:  | * arithmetically correct, s rendered, * not previously paid; * invoices/requisitions # |           |  |  |  |  |

• Claims for Domestic Travel - See Overleaf

Procedures for Completing Expenditure Approval - See Overleaf

#### PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (if urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) **Vendor** (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- Only one vendor can appear on an Expenditure Approval.
- 4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

#### DOMESTIC TRAVEL CLAIM

Signature:

| DOMESTIC TRAV  | EL CLAIM   |  |                                       |                                |                         |
|--|--|--|---------------------------------------|--------------------------------|-------------------------|
| INCIDE   | NTAL ALLOWANCE                                   | pes care en la<br>Bescher sen it   |                                       | MEAL ALI                       | OWANCE                  |
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details. |  | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |                                       |                                |                         |
| Date of Travel:  | From:  |  |                                       | То: [                          |                         |
| DAVES SERE   | AKEASTI ELUNO                                    | H D  | NNER                                  | INCIDENTAL                     | AMOUNT CLAIME           |
|  |  |  |                                       |                                |                         |
|  |  |  | - WANTER                              | NOTE:                          |                         |
|  |  |  | · · · · · · · · · · · · · · · · · · · |                                |                         |
| ANALOGO PARA PARA PARA PARA PARA PARA PARA PAR   | (7/3)  |  | musiamista (# )                       |                                |                         |
| ·  |  |  | · · · · · · · · · · · · · · · · · · · | TOTAL                          |                         |
| N. O. WANTER V   | (907   |  | NORDALIA DA VIII.                     | > "G" R A 2 2 2cc              | · .                     |
| CERTIFICATE OF   | DEFICER CLAIMING                                 | INCIDENT   | AL AND/                               | OR MEAL ALLO                   | WANCE                   |
| I certify that:  " I have not prey " The travel for the Handbook, and  | iously claimed this allo<br>he above mentioned p | owance for<br>period was   | the above<br>for Officia              | e period;<br>I purposes as def | ined in the Ministerial |

NOTE: This form is not valid unless signed by the person claiming the allowance.

Date: \_\_\_

Last updated: November 2011 Page 2 of 2

I have not claimed allowances on this form for trips where the actual cost of meals or accommodation were met from another government source e.g. conference or airline meals.

#### DEPARTMENT OF THE PREMIER AND CABINET

DOCUMENT NUMBER:

| •  | The second secon | _                                  |
|--|--|------------------------------------|
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| MINISTERIAL OFFICES  |  | 直导 医阿克德氏管静脉管丛                      |
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Ministerial Office: PREMIERS

Financial Year:

2013/2014

Urgent payment required by:

Return Cheque to: \_\_\_\_\_EFT\_\_\_\_\_ Phone: \_\_\_\_\_

| VENDOR<br>(name of person/business to be paid) | PARTICULARS                        | AMOUNT    |  |
|--|------------------------------------|-----------|--|
| AMEX 6007735 / STATEMENT DATE 24/02/2014 /     | HRG - FEBRUARY<br>2014 BTA         |           |  |
| REF: 590237 71001/0214                         |                                    |           |  |
| PREMIERS BTA FEBRUARY 2014                     |                                    |           |  |
|  | APPROVAL TOTAL:<br>(GST inclusive) | \$4799.44 |  |

#### I certify that:

- Expenditure is approved and in accordance with the Queensland Ministerial Handbook;
- All supporting documentation is attached;
- Where applicable a valid Tax Invoice is attached;
- The purpose of any travel or entertainment is related to official business (unless specifically detailed); and
- When guests are not assisting the Minister details of cost recovery are attached.

**APPROVED**: Signature

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|     | — / A |        |    |    |

Name (please print) \_

Date:

PREPARED BY: Natalja Solntseva

Date 20/03/2014

Phone 30039073

#### MINISTERIAL SERVICES OFFICER:

#### I certify that.

- approved by competent authority:
- verification of goods supplied/services rendered 7
- price or rate of charge correct;
- discounts/allowances correct;

- arithmetically correct;
- not previously paid;
- invoices/requisitions attached; and
  - expenditure is gorded against the correct codes.

Signature:

Date:

Please print on pink paper

## MINISTERIAL SERVICES

## HOSPITALITY CERTIFICATION

| REASON FOR HOSPITALITY and its connection with official duties in accordance with Ministerial Handbook  Media Dinner with Premier and Bundarberg News Mail to discuss Media  IS SUED:  ATTENDEES: Only people for whom expenditure was incurred * Include Self # Include employee associates  Column 1 Column 2 Column 3 Column 4  Number of State Govt Employees * Number of Employees of Statutory Bodies # Number of Other People Total Number of People  O O O O O  Name of Participants Organisation of Participants  1 How Campbell Newman Premier  2 Mr Mitch Grayson Office of the Premier  3 Ms Liz Carson Bundarberg News Mail  4 Mr Angus Irwin Bundarberg News Mail  |
|--|
| Media Dinner with Premier and Bundaberg News Mail to discuss Media  Is Suer.  ATTENDEES: Only people for whom expenditure was incurred * Include Self # Include employee associates  Column 1 Column 2 Column 3 Column 4  Number of State Govt Employees Number of Employees of Statutory Bodies # Number of Other People Total Number of People  O O O O  Name of Participants Organisation of Participants  1 How Campbell Newman Premier  2 My Mitch Grayson Office of the Premier  3 Ms Liz Carson Bundaberg News Mail   |
| Media Dinner with Premier and Bundaberg News Mail to discuss Media  Is Suer.  ATTENDEES: Only people for whom expenditure was incurred * Include Self # Include employee associates  Column 1 Column 2 Column 3 Column 4  Number of State Govt Employees Number of Employees of Statutory Bodies # Number of Other People Total Number of People  O O O O  Name of Participants Organisation of Participants  1 How Campbell Newman Premier  2 My Mitch Grayson Office of the Premier  3 Ms Liz Carson Bundaberg News Mail   |
| ATTENDEES: Only people for whom expenditure was incurred * Include Self # Include employee associates  Column 1 Column 2 Column 3 Column 4  Number of State Govt Employees Number of Employees of Statutory Bodies # Number of Other People Total Number of People  0 0 0 0  Name of Participants Organisation of Participants  1 How Campbell Newman  2 My Mitch Graysow Office of the Premier  3 Ms Liz Carsow Bunda berg News Mail  |
| Column 1 Column 2 Column 3 Column 4 Number of State Govt Employees Number of Employees of Statutory Bodies #  O Name of Participants  Number of Other People O O O O O O O O O O O O O O O O O O O   |
| Column 1 Column 2 Column 3 Column 4 Number of State Govt Employees Number of Employees of Statutory Bodies #  O Name of Participants  Number of Other People O O O O O O O O O O O O O O O O O O O   |
| Column 1 Column 2 Column 3 Column 4 Number of State Govt Employees Number of Employees of Statutory Bodies #  O Name of Participants  Number of Other People O O O O O O O O O O O O O O O O O O O   |
| Number of State Govt Employees   Number of Employees of Statutory Bodies #   Number of Other People   Total Number of People   O   |
| Name of Participants  Organisation of Participants  Name of Participants  Name of Participants  New Campbell Newman  Newm |
| Name of Participants  Organisation of Participants  Premier  My Mitch Grayson  Ms Liz Carson  Sundaberg News Mail  |
| Hon Campbell Newman  My Mitch Grayson  Ms Liz Carson  Bundaberg News Mail  |
| 2 Mr Mitch Grayson office of the Premier 3 Ms Liz Carson Bundaberg News Mail   |
| 3 Ms Liz Carson Bundaberg News Mail  |
|  |
| 4 Mr Angus Irwin Bunda berg News Mail  |
|  |
| 5 Ms Vanessa Marsh Bunda beva News Mill-   |
| 6  |
| ** See overleaf for more lines. Attach additional page if necessary (eg. guest list)   |
| CERTIFICATION AND APPROVAL   |
| Certification of Claimant: Approval of Expenditure:  |
| I certify that the above hospitality was for official The above expenditure is approved for payment in   |
| purpases in accordance with the Ministerial Handbook accordance with the Ministerial Handbook.  accordance with the Ministerial Handbook.  |
| relation to the event.   |
|  |
| s.73 Signature   |
| Signature of Claimant Date  12.2. Signature of Minister Date   |
| (If claimant in Minister, this signification will suffice for Expanditure  |
| (If claimant is Minister, this signature will suffice for Expenditure Approval)  |
| Office Use Only :CALCULATION - FBT and Non FBT breakdown   |
| Col (1) + Col (2) x Total Cost = Amount subject to FBT (use account code 53030 for FBT Component)  |
| Col (4) Balance = Amount not subject to FBT Code to 53010 (tax code P4)  |
| 0 0.00 \$ #DIV/0! = \$ #DIV/0! (53030)   |
| 0 Balance = $$\#DIV/0!$ (53010) Total $0.00$   |
| (Code balance (53010) to P4}   |

RTID224.pdf - Page Number: 402 of 431

KF recived 18/3/14.

## ATTENDEES Contd: \*\*Note: People for whom expenditure was incurred

| es e                       | Name of Participants | Organisation of Participants               |
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18 MAR 2014 RECEIVED

RTID224.pdf - Page Number: 403 of 431

Please print on pink paper

## **Burnett Riverside Motel**

15/01/14 08:41 Page 1

## Tax Invoice

Campbell Newman 100 George Street BRISBANE QLD 4000 Account: 38558
Reference: LKKR36181213
Arrive: Tue 14/01/2014
Depart: Wed 15/01/2014
Room 501
Queensland Government

|  |  |            |       | Dehit Credit  |
|--|--|------------|-------|---|
| Transaction detail   | Date   | Room Qty   | Price | Debit Credit  |
| Discount H20 Bar & Restaurant Room Charge H20 Bar & Restaurant | 14/01/14<br>14/01/14<br>14/01/14<br>15/01/14 | 501<br>501 |       | 56.00 - Primin Nos 200.00 Apor ged  separately.  N.S. |

Discussed with bounge advised to change 456.00 to Premier's cost censor. N.S.

CST charged: 22.82

Balance (GST included): 251.00

DIRECT DEPOSIT NAB BSB: 084-004 ACC: 1917 039 47

Payment via Credit Card
VI MC AX DI Expiry Date
Signature
Please Pay on Invoice 7 Days No Statement issued

HRG Australia, Hotel Payments HRG Australia, Hotel Payments Level 10, 344 Queen Street BRISBANE OLD 4001



#### TAX INVOICE

7 Quay Street Bundaberg, QLD, 4670

Ph:07 4155 8777 Fax: 07 4155 8700 E: burnett@burnettmotel.com.au

ABN: 58 010 406 425

#010627 2 Michael 14/01/14 21:41:12

#### Table 15 BREADS

| Garlic Turkish* | \$7.00         |
|-----------------|----------------|
| Herbed Turkish∗ | \$7.00         |
| Sour dough*     | <b>\$</b> 7.00 |
| Avondale Pesto* | \$1.50         |

#### MAJINS

| EYE Fillet*                   |           | \$36.50<br>\$18.00 |
|-------------------------------|-----------|--------------------|
| Stanne Sauce* Mushroom Sauce* | rib filet | \$6.00             |
| GRILLED CORAL TROUT*          |           | <b>\$38</b> .00    |
|                               |           |                    |

#### DRINKS

| Bin 90 Mescate          | GLASS*     |                |
|-------------------------|------------|----------------|
| 2 @ \$9.00 ea           |            | \$18.00        |
| Farly Harvest SAV/BLAND | GLASS*     | \$10.00        |
| Carlton Midstrength*    |            | \$5.00         |
| GEMON LINE BITTERS*     |            | \$34.50        |
| FLAT WHITE*             |            | \$4.00         |
| Hahn Light∗             |            |                |
| 2 @ \$5.00 ea           |            | <b>\$10</b> 00 |
| James Boag Premium∗     |            |                |
| 2 @ \$8.00 ea           |            | \$16.00        |
| Post to : Room 205      | - Grayson, | Mitchel        |
| 1                       |            |                |

| TOTAL        | <b>\$256.00</b>  |
|--------------|------------------|
|              |                  |
| GST Subtotal | <b>\$256</b> .00 |
| GST Amount   | \$23.27          |

#### ROOM CHARGE \$256,00

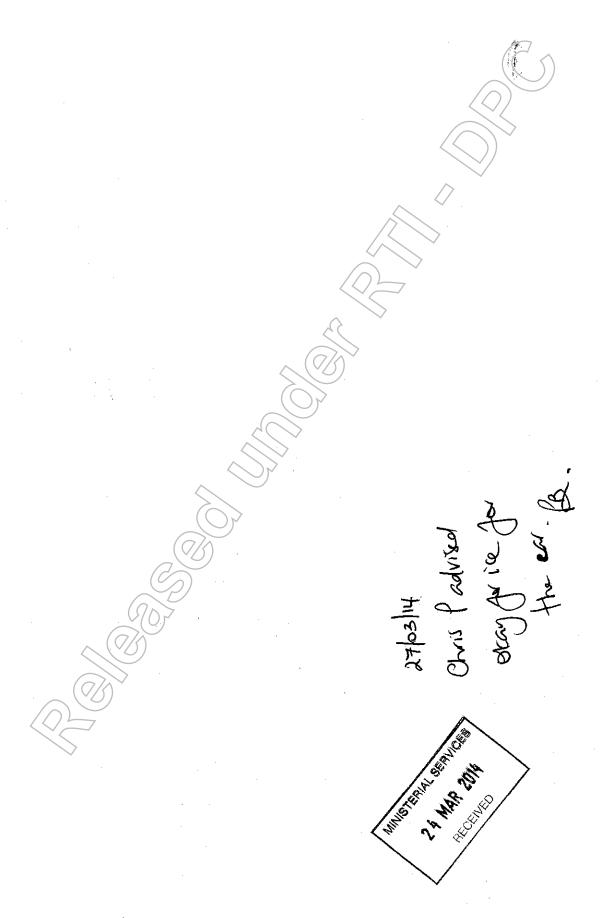
| H2O Restaurant TOTAL   | \$189.50 |
|------------------------|----------|
| H2O BAR TOTAL          | \$66.50  |
| Other Categories TOTAL | \$0.00   |

1 one \$40

Department of the Premier and Cabinet 19135513

|  |                                    | <u> </u>                                 |  |
|--|------------------------------------|--|--|
| MINISTERIAL OFFICES  |                                    |  |  |
| EX   | PENDITURE APPROVAL                 | . <u> </u>                               |  |
| Ministerial Office: <u>  PYUM-EW S</u>   |                                    | ·  |  |
| Financial Year 2013 14   | Urgent payment                     | required by: / / 20                      |  |
| Return Cheque to:  | Phone:                             |  |  |
| PAYG: Yes / No   |                                    |  |  |
| VENDOR<br>(name of person/business to be paid)   | PARTICULARS                        | AMOUNT                                   |  |
| office of the Premier  | Petty Cash-                        | \$330.99                                 |  |
|  | TOTAL<br>(GST exclusive)           | \$                                       |  |
|  | GST Amount                         | \$                                       |  |
|  | APPROVAL TOTAL:<br>(GST inclusive) | \$ 330.99                                |  |
| I certify that:  Expenditure is approved and in accordance with the Queensland Ministerial Handbook;  All supporting documentation is attached;  Where applicable a valid Tax Invoice is attached;  The purpose of any travel or entertainment is related to official business (unless specifically detailed); and  When guests are not assisting the Minister details of cost recovery are attached.  APPROVED: Signature  Name (please print)  When guests are not assisting the Minister details of cost recovery are attached.  Date: 413/14  PREPARED BY: Name (please print)  Phone 3719 703   |                                    |  |  |
| MINISTERIAL SERVICES OFFICER:   certify that:   * approved by competent authority;   * verification of goods supplied/services   * price or rate of charge correct;   * discounts/allowances correct;   Signature:   Date:   D | * invoices/requisitions a          | ttacried; and against the correct codes. |  |

• Claims for Domestic Travel - See Overleaf



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Department of the Premier and Cabinet 255004

|   | Document Number:   | 14 323 38             |  |  |
|---|--|-----------------------|--|--|
|   | MINISTERIAL OFFICES  |                       |  |  |
| : E)  | (PENDITURE APPROVAL  |                       |  |  |
| Ministerial Office: Treasurer and M   | linister for Trade   |                       |  |  |
| Financial Year: 2013/2014   | Urgent paymen  | t required by: / / 20 |  |  |
| Return Cheque to:   | Phone:   |                       |  |  |
| PAYG: Yes / No  | ***************************************  |                       |  |  |
| VENDOR<br>(namé osperson/pusiness to be paid)   | PARTICULARS.   | TNOONA                |  |  |
| Office of the Treasurer and Minister for Trade  | Reimbursement of Petty Cash – March 2014                                       | \$158.65              |  |  |
|   |  |                       |  |  |
|   | TOTAL<br>(GST exclusive)   | \$                    |  |  |
|   | GST Amount   | \$                    |  |  |
|   | APPROVAL TOTAL:  (GST inclusive)   | \$ 158.65             |  |  |
| I certify that:  Expenditure is approved and in accordance with the Queensland Ministerial Handbook;  All supporting documentation is attached;  Where applicable a valid Tax Invoice is attached;  The purpose of any travel or entertainment is related to official business (unless specifically detailed); and  When guests are not assisting the Minister details of cost recovery are attached. |  |                       |  |  |
| APPROVED: Signature   |  |                       |  |  |
| Name (please print): Gerard Benedet - Chief of Staff Date:  |  |                       |  |  |
| PREPARED BY: Name (please print) Jasmine Smits (Office Manager) Date: 20/3/14  Phone 07 3227 8443   |  |                       |  |  |
| MINISTERIAL SERVICES OFFICER: I certify that approved by competent authority Verification of goods supplied/service place or rate of charge correct   | arthimetically correct, stendered not previously paid involces/requisitions at | tached and            |  |  |

- Claims for Domestic Travel See Overleaf
- Procedures for Completing Expenditure Approval See Overleaf

| PROCEDURES FOR COMPLETING EXPENDITURE   | APPROVAL:  |  |  |
|---|--|--|--|
| 1. Please complete the following areas on the front of this form:  (a) Ministerial Office  (b) Date cheque is required (If urgent payment required), or leave blank  (c) Financial Year (e.g. 1997/98)  (d) Vendor (i.e. name of person/business to be paid)  (e) Particulars (give brief description of goods/services)  (f) Amount (VERY IMPORTANT that this is given)  (g) Certificate of approving person  (h) Prepared by details  2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval  3. Only one vendor can appear on an Expenditure Approval.  4. The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel. |  |  |  |
| DOMESTIC TRAVEL CLAIM   |  |  |  |
| incidental allowance  | MEAL APLOWANCE                                     |  |  |
| The Incidental Allowance is payable where an Officer is away from their normal place of duty overnight. Rates are set out in the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance.   |  |  |  |
| Date of Travel: From:   | То:  |  |  |
| DATE BREAKFAST LUNCH ON   | INER INCIDENTAL AMOUNT CLAIMED                     |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   | TOTAL  |  |  |
|   |  |  |  |
| CERTIFICATE OF OFFICER CLAIMING INCIDENTAL AND/OR MEAL ALLOWANCE  |  |  |  |
| I certify that:  I have not previously claimed this allowance for the travel for the above mentioned period was for Handbook; and  I have not claimed allowances on this form for trivaccommodation were met from another government.   | or Official purposes as defined in the Ministerial |  |  |
| Signature: Date:  |  |  |  |
| NOTE: This form is not valid unless signed by the pe  | rson claiming the allowance.                       |  |  |
| MINISTERIAL SERVICES  |  |  |  |
| 2 4 6623 624  |  |  |  |

Page 2 of 2

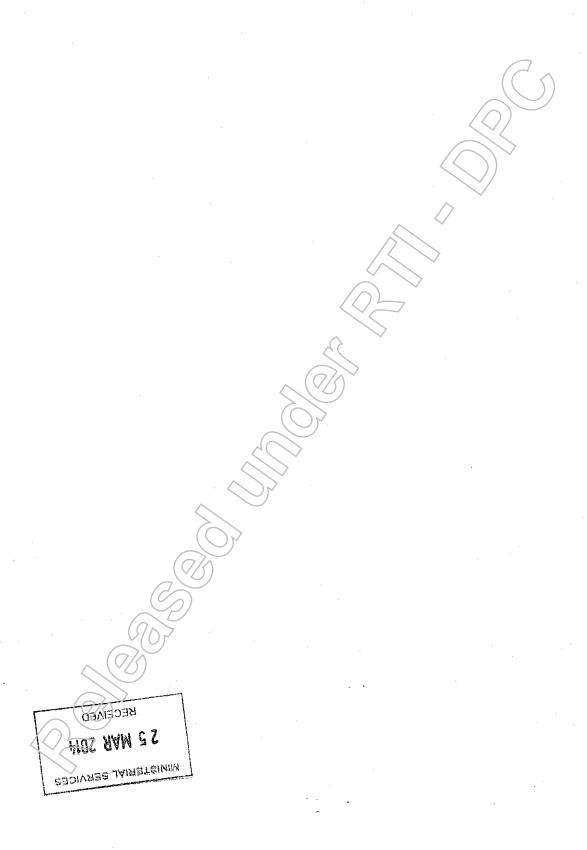
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Department of the Premier and Cabinet

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|  | Document Number:  | 19/35568,  |  |
|--|---|--|--|
| Albert S. G. Fr. Energy of the Control of the Contr | MINISTERIAL OFFICES<br>(PENDITURE APPROVAL  |  |  |
| Ministerial Office:  |   |  |  |
| Financial Year: 2013/14  | Urgent paymen   | t required by: / / 20  |  |
| Return Cheque to:  | Phone:  |  |  |
| PAYG: Yes / No   |   |  |  |
| VENDOR<br>(name of person/business to be paid)   | PARTICULARS   | AMOUNT   |  |
| Mr Lee Anderson  | Entertainment Claim Midia Meeting   | \$133.5808   |  |
|  | (GST exclusive)   | \$   |  |
|  | GST Amount  APPROVAL TOTAL:  (GST inclusive)  | \$ 133.58 USD  |  |
| <ul> <li>All supporting documentation is</li> <li>Where applicable a valid Tax Inv</li> <li>The purpose of any travel or ent detailed); and</li> </ul>   | voice is attached;<br>rertainment is related to official bus<br>the Minister details of cost recovery | iness (unless specifically   |  |
| APPROVED: Signature  |   | <u>OK.</u>   |  |
| Name (please print) White Wasau Date: 25/3//4  |   |  |  |
| PREPARED BY: Name (please pri  | nt) <u>KWSteW GWWWG</u> Da<br>one <u>3719 7013</u>  | ate: 24 3 14   |  |
| MINISTERIAL SERVICES OFFICER: I certify that:  * approved by competent authority;  * verification of goods supplied/service  * price or rate of charge correct;  * discounts/allowances correct;   | <ul> <li>* invoices/requisitions a</li> </ul>   |  |  |
| Signature:   |   |  |  |
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## **MINISTERIAL SERVICES**

## HOSPITALITY CERTIFICATION

| MINISTERIAL OFFICE: Pres   | MIEV  | Please<br>DATE OF FUND   | e print on Pink Paper  |
|--|---|--|--|
| VENUE The Chee   | se cake factory.  | COST OF FUNCTION   | 122,50 (100  |
|  | Y and its connection with officia   | l duties in accordance with M  | ìnisterial Handbook  |
| Media Meeting  |   |  |  |
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| ATTENDEES: Only people for   | or whom expenditure was inc   | curred * Include Self  | # Include employee associates  |
| Column 1   | Column 2  | Column 3   | Column 4   |
| Number of State Govt Employee  | 마음을 보고 보시는데, 그는 그는 하는 것은 중에는 가장 보안된다면 가는 수업을 사용하는 것을 다른 사람들이 되었다. 그는 다양이 되었다는 것이다는 것이다. | Number of Other People   | Total Number of People   |
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| 2 Ms Cathy Bord  | ev.   | Ten News   | <b>)</b> .   |
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| ** See overleat for more line  | s. Attach additional page if neces  | sary (eg. guest list)  |  |
| CERTIFICATION AND APPR   | OVAL  |  |  |
| Certification of Claimant:   |   | Approval of Expenditure  | ±:   |
| I certify that the above hospita   | ality was for official  | The above expenditure is   |  |
| proses in accordance with t  |   | accordance with the Minis  |  |
| ahu the information above reprelation to the event.  | presents the true details in  |  |  |
| s.73 Signature   | -   | 1  |  |
|  |   | / //   | \ /  |
|  |   |  | 25/3/2014  |
| Signature of Glaimant  | Date  | Signature of Minister  | Date/  |
|  |   | Premier  | ' /  |
| (If claimant is Minister, this signs   | ature will suffice for Expenditure  | · vev(IBO  |  |
| Approval)  | /   |  |  |
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|  |   | ct to FBT (use account code  | - ·  |
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|  | <del></del>   | · ,  | plance (53010) to P4}  |

## ATTENDEES Contd: \*\*Note: People for whom expenditure was incurred

|                           | Name of Participants | Organisation   | of Participants  |
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| Ministerial Office: NUMIEW'S   |  |   |
| Financial Year:  | Urgent paymen  | t required by: / / 20                       |
| Return Cheque to:  | Phone:   |   |
| PAYG: Yes / No   | T Hollo.   |   |
| VENDOR   |  |   |
| (name of person/business to be paid)   | PARTICULARS  | AMOUNT                                      |
| Mr Lee Anderson  | Entertainment Claim-<br>Media Meeting  | \$ 256.94 USD                               |
|  | J TOTAL<br>(GST exclusive)   | \$  |
|  | GST Amount   | \$  |
|  | APPROVAL TOTAL: (GST inclusive)  | \$256.94 USD                                |
| <ul> <li>All supporting documentation is</li> <li>Where applicable a valid Tax Inv</li> <li>The purpose of any travel or ent detailed); and</li> <li>When guests are not assisting the s.73 Sign</li> <li>APPROVED: Signature</li> <li>Name (please print)</li> </ul> PREPARED BY: Name (please print)   | voice is attached; ertainment is related to official bus ne Minister details of cost recovery ature  Date: | iness (unless specifically                  |
| MINISTERIAL SERVICES OFFICER: I certify finat. * approved by competent authority: * verification of goods supplied/service * price or rate of charge correct; * discounts/allowances correct;  Signature:  Date:   | * invoices/requisitions a  | attached; and ed against the correct codes. |

Claims for Domestic Travel - See Overleaf



## MINISTERIAL SERVICES

## HOSPITALITY CERTIFICATION

| REASON FOR HOSPITALITY and its connection with official duties in accordance with Ministerial Handbook  Media Wilting  ATTENDEES: Only people for whom expenditure was incurred  | MINISTERIAL OFFICE: OW   | niev's   |  | TION: 10/3/14  |
|--|--|--|--|--|
| REASON FOR HOSPITALITY and its connection with official duties in accordance with Ministerial Handbook  Media Welting  ATTENDEES: Only people for whom expenditure was incurred  Column 1  Column 2  Column 3  Column 4  Number of State Govt Employees  Number of Employees of Statutory Bodies #  O  Name of Participants  Organisation of Participants  My Lee Anclessew  Cathy Boyder  Savan Voyber  Shave Dherty  Nime News   | VENUE The Benjami  | n Hotel NYC  | COST OF FUNCTION   | (GST inclusive); \$ 256.94 US  |
| Media Melting.  ATTENDEES: Only people for whom expenditure was incurred Include Self Include employee associates  Column 1 Column 2 Column 3 Column 4  Number of State Govt Employees Statutory Bodies # Number of Other People Total Number of People  9 0 0 0  Name of Participants Organisation of Participants  1 Mr Lee Andersew 2 Cathy Border 3 Savan Vogter 4 Shane Organisation of Participants  Niwe News  5 Number of Other People Total Number of People Organisation of Participants  1 Mr Lee Andersew 2 Cathy Border 3 Savan Vogter 4 Shane Organisation of Participants  Niwe News  5 Number of Other People Organisation of Participants  1 Mr Lee Andersew 2 Cathy Border 3 Savan Vogter 4 Shane Organisation of Participants  1 Mr Lee Andersew 3 Savan Vogter 4 Shane Organisation of Participants  Niwe News   | •  |  | i duties in accordance with Mi   | nisterial Handbook   |
| ATTENDEES: Only people for whom expenditure was incurred  Column 1  Column 2  Column 3  Column 4  Number of State Govt Employees  **  Number of Employees of Statutory Bodies #  Number of Other People  Total Number of People  Total Number of People  O  Name of Participants  Organisation of Participants  My Lee Andersen  Cathy Border  Cathy Border  Share Doherty  Niwe News  Niwe News  Share News  Niwe News  |  |  |  |  |
| Column 1  Number of State Govt Employees Number of Employees of Statutory Bodies #  Number of Other People  Number of Other People  Number of Other People  Total Number of People  O  Name of Participants  Number of Other People  O  Organisation of Participants  Number of Other People  Total Number of People  O  Name of Participants  Number of Other People  Total Number of People  O  Name of Participants  Number of Other People  O  O  O  O  Number of Other People  O  O  O  O  O  Number of Other People  O  O  O  O  O  O  O  Number of Other People  O  O  O  O  O  O  O  O  O  O  Number of Other People  O  O  O  O  O  O  O  O  O  O  O  O  O  | mean meaning.  |  |  |  |
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| Number of State Govt Employees Number of Employees of Statutory Bodies # Number of Other People Total Number of People    O  | ATTENDEES: Only people for   | whom expenditure was inc   | urred * Include Self   | # Include employee associates  |
| Statutory Bodies # Number of Other Feople Folial Number of People    Name of Participants  | Column 1   | Column 2   | Column 3   | Column 4   |
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| 1 Mr Lee Anderson 2 Cathy Border 3 Savan Vogber 4 Shane Doherty 5  |  |  | <b>Q</b>   | <u>0</u>   |
| 1 Mr Lee Anderson 2 Cathy Border 3 Savan Vogber 4 Shane Doherty 5  | Nome of D  | lerticipanto   | Organization   | of Porticinants  |
| 2 Cathy Border 3 Savan Vogber 4 Shane Doherty 5  | 4" 42V(5)  |  | 7 1 1 5 -  |  |
| 3 Savah Vogber 4 Shane Doherty 5   |  | //   | \  |  |
| 4 Shane Doherty Wine News 6  |  |  | I ^(   | -  |
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| 6  | 4 Shane Doherty  |  | Nine New   | 15   |
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| ** Can everlant for more lines. Attach additional page its appear (or great list)  | 6  |  | P  |  |
| ** See overleaf for more lines. Attach additional page if necessary (eg. guest list)   | ** See overleaf for more lines.  | Attach additional page if necess   | sary (eg. guest list)  |  |
| CERTIFICATION AND APPROVAL   | CERTIFICATION AND APPRO  | VAL  |  |  |
|  | Certification of Claimant:   |  |  |  |
| I certify that the above hospitality was for official The above expenditure is approved for payment in   | •  |  | The above expenditure is   | approved for payment in  |
| noses in accordance with the Ministerial Handbook accordance with the Ministerial Handbook.  |  |  | accordance with the Minis  | terial Handbook.   |
| and the information above represents the true details in relation to the event.  | relation to the event.   | esents the true details in   | / /  |  |
| s.73 Signature   |  |  | <b>*</b>   |  |
| (907)  |  | (907)  | /  |  |
|  |  | 770  | <u> </u>   | 25/3/21/4  |
| Signature of Minister Date   | Signatur   |  | / I  | Date /   |
| (If claimant is Minister, this Signature will suffice for Expenditure  | (If claimant is Minister, this signatur  | re will suffice for Expenditure  | Premier  | / /  |
| Approval)  |  | ,  |  |  |
|  |  |  |  |  |
| Office Use Only :CALCULATION - FBT and Non FBT breakdown   | Office Use Only :CALCULATIO  | DN - FBT and Non FBT brea  | kdown  |  |
| Col (1) + Col (2) x Total Cost = Amount subject to FBT (use account code 53030 for FBT Component)  | Col (1) + Col (2) x Total C  | ost = Amount subjec  | ct to FBT (use account code s  | 53030 for FBT Component)   |
| Col (4) Balance = Amount not subject to FBT Code to 53010 (tax code P4)  | Col (4)  | Balance = Am   | ount not subject to FBT Code   | e to 53010 (tax code P4)   |
| 0 	 0.00 	 \$ #DIV/0! = \$ #DIV/0! 	 (53030)   | 0.00   | \$ #DIV/0! = \$ #D   | DIV/0! <b>(53030)</b>  |  |
| 0 Balance = \$ #DIV/0! (53010) Total 0.00  |  | · <u></u>  | <del></del> ' ,  | Total 0.00   |
| (Sod to)   Total   | <del> </del>   | - Ψ  |  | -  |

## ATTENDEES Contd: \*\*Note: People for whom expenditure was incurred

| Name of Participants   | <u> </u>   | Organisation of Partici  | pants  |
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Department of the Premier and Cabinet

|   | Document Number:                                  | 14/25612                                |  |  |
|---|---|---|--|--|
|   | MINISTERIAL OFFICES                               |   |  |  |
| <u> </u>  | (PENDITURE APPROVAL                               | · · · · · · · · · · · · · · · · · · ·   |  |  |
| Ministerial Office: Treasurer and M   | linister for Trade                                |   |  |  |
| Financial Year: 2013/2014   | Urgent paymen                                     | t required by: / / 20                   |  |  |
| Return Cheque to:   | Phone:  |   |  |  |
| PAYG: Yes / No  | **************************************            |   |  |  |
| VENDOR<br>(name of person/business to be paid)  | PARTICULARS                                       | AMOUNT                                  |  |  |
| Eagle St News   | Parliament House Newspapers – 3 Mar – 30 Mar 2014 | \$44.50                                 |  |  |
|   | TOTAL<br>(GST exclusive)                          | \$                                      |  |  |
| GST Amount \$   |   |   |  |  |
|   | APPROVAL TOTAL:<br>(GST inclusive)                | \$44.50                                 |  |  |
| certify that:   Expenditure is approved and in accordance with the Queensland Ministerial Handbook;   All supporting documentation is attached;   Where applicable a valid Tax Invoice is attached;   The purpose of any travel or entertainment is related to official business (unless specifically detailed); and   When guests are not assisting the Minister details of cost recovery are attached.    APPROVED: Signature |   |   |  |  |
| Pho   | one 07 3719 7207                                  |   |  |  |
| MINISTER/AL SERVICES OFFICER: I certify that approved by competent authority. verification of goods supplied/service. price or rate of charge correct; discounts/allowances correct;  | * involces/requisitions/a                         | teched and<br>against the correct codes |  |  |

Claims for Domestic Travel - See Overleaf

discounts/allowances correct; Signature:

Date

· Procedures for Completing Expenditure Approval - See Overleaf

#### PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL:

- 1. Please complete the following areas on the front of this form:
  - (a) Ministerial Office
  - (b) Date cheque is required (If urgent payment required), or leave blank
  - (c) Financial Year (e.g. 1997/98)
  - (d) Vendor (i.e. name of person/business to be paid)
  - (e) Particulars (give brief description of goods/services)
  - (f) Amount (VERY IMPORTANT that this is given)
  - (g) Certificate of approving person
  - (h) Prepared by details
- 2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval
- Only one vendor can appear on an Expenditure Approval.
- The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

#### DOMESTIC TRAVEL CLAIM

#### INCIDENTAL ALLOWANCE MEAL ALLOWANCE Meal allowance rates are payable in accordance The Incidental Allowance is payable where an Officer is away from their normal place of duty with the Ministerial Handbook. Ministerial overnight. Rates are set out in the Ministerial Services should be contacted for details. It is Handbook. Ministerial Services should be the individual Officer's responsibility to contacted for details. determine whether he/she is entitled to claim this allowance. Date of Travel: From: To: DATE BREAKFAST LUNCH DINNER TRINCIDENTAL AMOUNT CLAIMED TOTAL CERTIFICATE OF OFFICER CLAIMING INCIDENTAL AND/OR MEAL ALLOWANCE I certify that: I have not previously claimed this allowance for the above period; The travel for the above mentioned period was for Official purposes as defined in the Ministerial Handbook: and I have not claimed allowances on this form for trips where the actual cost of meals or accommodation were met from another government source e.g. conference or airline meals, Signature: Date: \_ NOTE: This form is not valid unless signed by the person claiming the allowance.

RTID224.pdf - Page Number: 425 of 431

Last updated: November 2011

Page 2 of 2

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Department of the Premier and Cabinet

| MINISTERIAL OFFICES EXPENDITURE APPROVAL  Ministerial Office: Treasurer and Minister for Trade  Financial Year: 2013/2014  |   | Document Number:   | 19/35614               |  |  |  |  |  |  |
|--|---|--|------------------------|--|--|--|--|--|--|
| Ministerial Office: Treasurer and Minister for Trade  Financial Year: 2013/2014 Urgent payment required by: / 20  Return Cheque to: Phone:  PAYG: Yes / No  VENDOR (visine of person/business to be paid)  Eagle St News Newspapers - 3 Mar - 30 Mar 2014  (GST exclusive)  GST Amount \$  APPROVAL TOTAL: (GST inclusive)  1 certify that:  Expenditure is approved and in accordance with the Queensland Ministerial Handbook;  All supporting documentation is attached;  Where applicable a valid Tax Invoice is attached;  The purpose of any travel or entertainment is related to official business (unless specifically detailed); and  When guests are not assisting the Minister details of cost recovery are attached.  APPROVED: Signature |   | A STATE OF THE STA |                        |  |  |  |  |  |  |
| Return Cheque to: Phone:  PAYG: Yes / No  WENDOR (name of person/business to be paid)  Eagle St News  Newspapers - 3 Mar - 30 Mar 2014  S324.40  GST exclusive)  GST Amount  APPROVAL TOTAL: (GST inclusive)  I certify that: Expenditure is approved and in accordance with the Queensland Ministerial Handbook; All supporting documentation is attached; Where applicable a valid Tax Invoice is attached; The purpose of any travel or entertainment is related to official business (unless specifically detailed); and When guests are not assisting the Minister details of cost recovery are attached.  APPROVED: Signature  | <u> </u>  |  |                        |  |  |  |  |  |  |
| PAYG: Yes / No  VENDOR (hame of person business to be paid)  Eagle St News  Newspapers - 3 Mar - 30 Mar 2014  Say 2014  TOTAL (GST exclusive)  GST Amount  APPROVAL TOTAL: (GST inclusive)  I certify that: Expenditure is approved and in accordance with the Queensland Ministerial Handbook; All supporting documentation is attached; Where applicable a valid Tax Invoice is attached; The purpose of any travel or entertainment is related to official business (unless specifically detailed); and When guests are not assisting the Minister details of cost recovery are attached.  APPROVED: Signature  | Financial Year: 2013/2014   | Urgent paymen  | t required by: // / 20 |  |  |  |  |  |  |
| VENDOR (name of person/business to be paid)  Eagle St News  Newspapers - 3 Mar - 30 Mar 2014  Sazat.40  TOTAL (GST exclusive)  GST Amount  APPROVAL TOTAL: (GST inclusive)  I certify that: Expenditure is approved and in accordance with the Queensland Ministerial Handbook; All supporting documentation is attached; Where applicable a valid Tax Invoice is attached; Where applicable a valid Tax Invoice is attached; The purpose of any travel or entertainment is related to official business (unless specifically detailed); and When guests are not assisting the Minister details of cost recovery are attached.  APPROVED: Signature  | Return Cheque to:   | Phone:   |                        |  |  |  |  |  |  |
| RANGUN   PARTICULARS   AMOUN   |   |  |                        |  |  |  |  |  |  |
| I certify that:  Expenditure is approved and in accordance with the Queensland Ministerial Handbook;  All supporting documentation is attached;  Where applicable a valid Tax Invoice is attached;  The purpose of any travel or entertainment is related to official business (unless specifically detailed); and  When guests are not assisting the Minister details of cost recovery are attached.  APPROVED: Signature   |   | PARTICULARS  | AMOUNT                 |  |  |  |  |  |  |
| GST Amount  APPROVAL TOTAL: (GST inclusive)  S324.40  I certify that: Expenditure is approved and in accordance with the Queensland Ministerial Handbook; All supporting documentation is attached; Where applicable a valid Tax Invoice is attached; The purpose of any travel or entertainment is related to official business (unless specifically detailed); and When guests are not assisting the Minister details of cost recovery are attached.  APPROVED: Signature  | Eagle St News   |  | \$324.40               |  |  |  |  |  |  |
| I certify that:  Expenditure is approved and in accordance with the Queensland Ministerial Handbook;  All supporting documentation is attached;  Where applicable a valid Tax Invoice is attached;  The purpose of any travel or entertainment is related to official business (unless specifically detailed); and  When guests are not assisting the Minister details of cost recovery are attached.  APPROVED: Signature   |   |  | \$                     |  |  |  |  |  |  |
| I certify that:  Expenditure is approved and in accordance with the Queensland Ministerial Handbook;  All supporting documentation is attached;  Where applicable a valid Tax Invoice is attached;  The purpose of any travel or entertainment is related to official business (unless specifically detailed); and  When guests are not assisting the Minister details of cost recovery are attached.  APPROVED: Signature   |   |  |                        |  |  |  |  |  |  |
| <ul> <li>Expenditure is approved and in accordance with the Queensland Ministerial Handbook;</li> <li>All supporting documentation is attached;</li> <li>Where applicable a valid Tax Invoice is attached;</li> <li>The purpose of any travel or entertainment is related to official business (unless specifically detailed); and</li> <li>When guests are not assisting the Minister details of cost recovery are attached.</li> <li>APPROVED: Signature</li> </ul>  |   |  | \$324.40               |  |  |  |  |  |  |
| PREPARED BY: Name (please print) Jasmine Smits (Office Manager) Date: 2/4/14  Phone 07 3719 7207   | I certify that:  Expenditure is approved and in accordance with the Queensland Ministerial Handbook;  All supporting documentation is attached;  Where applicable a valid Tax Invoice is attached;  The purpose of any travel or entertainment is related to official business (unless specifically detailed); and  When guests are not assisting the Minister details of cost recovery are attached.  APPROVED: Signature  Name (please print) Frank Smits (Office Manager) Date: 2/4/14 |  |                        |  |  |  |  |  |  |

| MINISTERIAL SERVICES OFFICER:   |  |
|---|--|
| I certify that. * approved by competent authority.                    | * arithmetically correct.  |
| <ul> <li>verification of goods supplied/services rendered.</li> </ul> | * not previously paid:   |
| * price or rate of charge correct;                                    | * invoices/requisitions attriched; and   |
| * discounts/allowances correct:                                       | ** expenditure is recovery against the correct codes.  |
| Signature: HSAN   |  |
| Date: O3/04/14  | 04/04/14   |
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Claims for Domestic Travel - See Overleaf

Procedures for Completing Expenditure Approval - See Overleaf

# PROCEDURES FOR COMPLETING EXPENDITURE APPROVAL: 1. Please complete the following areas on the front of this form: (a) Ministerial Office (b) Date cheque is required (If urgent payment required), or leave blank

(c) Financial Year (e.g. 1997/98)(d) Vendor (i.e. name of person/business to be paid)

(e) Particulars (give brief description of goods/services)

(f) Amount (VERY IMPORTANT that this is given)

(g) Certificate of approving person

(h) Prepared by details

2. Attach ALL relevant receipts, invoices, entertainment forms, travel forms etc. to this expenditure approval

Only one vendor can appear on an Expenditure Approval.

 The Minister MUST sign for all expenditure relating directly to him/her and expenditure for entertainment and travel.

#### DOMESTIC TRAVEL CLAIM

| Control Control Control  | VOID - 17-12-12-12-12-12-12-12-12-12-12-12-12-12-   |                                     |  |  |                |  |  |  |
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| Officer is awa<br>overnight. Ra  | al Allowance is pa<br>ay from their norm<br>ites are set out in<br>Ministerial Service<br>details | al place of duty<br>the Ministerial | with the Service the inconductions   | Meal allowance rates are payable in accordance with the Ministerial Handbook. Ministerial Services should be contacted for details. It is the individual Officer's responsibility to determine whether he/she is entitled to claim this allowance. |                |  |  |  |
| Date of Trave  | el: From  |                                     |  | То:  | 7777           |  |  |  |
|  |   |                                     |  | · L  |                |  |  |  |
| DATE   | BREAKFAST   | LUNCH                               | DIWNER   | INCIDENTAL   | AMOUNT CLAIMED |  |  |  |
|  |   |                                     |  |  |                |  |  |  |
|  |   |                                     | )  |  |                |  |  |  |
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| CERTIFICAT   | E OF GEFICER O  | LAIMING INCID                       | ENTAL AND/   | OR MEAL ALLOY  | vance          |  |  |  |
| I certify that:  I have not previously claimed this allowance for the above period;  The travel for the above mentioned period was for Official purposes as defined in the Ministerial Handbook, and  I have not claimed allowances on this form for trips where the actual cost of meals or accommodation were met from another government source e.g. conference or airline meals. |   |                                     |  |  |                |  |  |  |
| Signature:   |   |                                     | D  | ate:   |                |  |  |  |
| NOTE: This form is not valid unless signed by the person claiming the allowance  |   |                                     |  |  |                |  |  |  |

**BECEINED** 

-2 APR 2014

MINIZITERIAL SERVICES

Last updated; November 2011

Department of the Premier and Cabinet

Document Number: 19|35709

| MINISTERIAL OFFICES  |          |
|--|----------|
| EXPENDITURE APPROVAL   |          |
| Ministerial Office: Attorney-General   |          |
| Financial Year: 2013-14 Urgent payment required by: 26 / 4 /   | 20       |
|  |          |
| VENDOR (name of person/business to be paid) PARTICULARS AMOUNT   |          |
| George St News Newspapers to \$1014.6  | 0        |
| APPROVAL TOTAL: \$ 194.60  | ), , , , |
|  |          |
| I certify that:  • Expenditure is approved and in accordance with the Queensland Ministerial Handbook;  • All supporting documentation is attached;  • Where applicable a valid Tax Invoice is \$73 Signature  • The purpose of any travel or entertainmed detailed); and  • When guests are not assisting the Minist  APPROVED: Signature |          |
| Name (please print) David Frozer Date: 09.04.14  |          |
| PREPARED BY: Name (please print) Shonnon Ponting Date: 09.04.14  Phone 3719 7416   |          |
| MINISTERIAL SERVICES OFFICER: I certify that: * approved by competent authority; * verification of goods supplied/services rendered; * price or rate of charge correct; * invoices/requisitions attached; and * expenditure is reported against the correct code:  Signature:  Date:  OUTHY  MO4/14  | S.       |

• Claims for Travel - See Overleaf

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#### **TRAVEL CLAIM**

- for rates refer to ATO Taxation Determination for Reasonable Travel and Overtime Meal Allowance Expense Amount (see Ministerial Intranet)
- please attach proof of stay at hotel or other commercial accommodation (hotel bill etc)

#### Overseas travel allowance claim:

| Date   |  | Country  |   | Meal<br>Allowance  | Overnight Incidental                          | Total Allowance<br>Claimed                |
|--|--|--|---|--|---|---|
|  |  |  | _ r Poets (15% _ Sep 30)                  | - Janowajioc   | a wantcidentar                                | Ciamieu                                   |
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|  | ·  |  |   | <del></del>  | TOTAL   |   |
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| omestic tra  | avel allowa  | ınce clai  | im:                                       | ~ (7)  |   |   |
|  |  |  |   |  |   |   |
| Departure Da   | ite or time: _   | /  | -/  | :_(_() Re  | turn Date & Time:                             |   |
|  |  |  |   |  |   |   |
| Date   | Destinat   | ion  | Breakfast                                 | Lunch  |   | nnight Total                              |
| Date   | Destinat   | ion  | Breakfast                                 |  | Inci  | dental Allowance                          |
| Date   |  | ion  | Breakfast                                 |  | Inci  |   |
| Date   |  | ion  | Breakfast                                 |  | Inci  | dental Allowance                          |
| Date   |  | ion  | Breakfast                                 |  | Inci  | dental Allowance                          |
| Date   |  | ion  | Breakfast                                 |  | Inci  | dental Allowance                          |
| Date   |  | ion  | Breakfast                                 |  | Inci  | dental Allowance                          |
| Date   |  | ion  | Breakfast                                 |  | Incl  | dental Allowance                          |
|  |  |  |   |  | inci  | dental Allowance Claimed                  |
| ERTIFICAT  |  |  |   |  | Incl  | dental Allowance Claimed                  |
| CERTIFICAT  Certify that:  An experimental of the content of the c | ION OF TRA   | WELLER<br>In incurred  | CLAIMING                                  |  | inci  | dental Allowance Claimed                  |
| CERTIFICAT  Certify that:  An expending trave  | ION OF TRA   | WELLER<br>In incurred  | CLAIMING                                  | S INCIDENTAL   | AND/OR MEAL                                   | dental Allowance Claimed                  |
| CERTIFICAT  certify that:  An expel  My trave  I have no   | ION OF TRA   | WELLER<br>in incurred<br>in overnight<br>of claimed                                    | CLAIMING  d; to stay; any meal e          | S INCIDENTAL Expenses for the                            | AND/OR MEAL                                   | Gental Allowance Claimed                  |
| CERTIFICAT  certify that:  An experiment  My trave  I have no  The trave  Ministeria   | ION OF TRA   | MELLER<br>In incurred<br>to overnight<br>claimed to<br>to we menting; and              | CLAIMING d; nt stay; any meal e           | S INCIDENTAL  Expenses for the draws for Official        | AND/OR MEAL  above period; al purposes as def | TOTAL  ALLOWANCE  Tined in the Queensland |
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## **Department of the Premier and Cabinet**

| Document Number:   |   | 19/35751   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|
|  | MINISTERIAL OFFICES<br>(PENDITURE APPROVAL          |  |  |  |  |  |  |  |
| Ministerial Office: Premier S  |   |  |  |  |  |  |  |  |
| Financial Year: 2013/14  | Urgent paymer                                       | nt required by: / / 20   |  |  |  |  |  |  |
| VENDOR (name of person/business to be paid)  | PARTICULARS   | AMOUNT   |  |  |  |  |  |  |
| MR Peter Thatcher  | Water for Car and glass Cleaner.                    | \$41.99  |  |  |  |  |  |  |
|  | APPROVAL TOTAL:<br>(GST inclusive)                  | \$ 41.99   |  |  |  |  |  |  |
| I certify that:  Expenditure is approved and in accordance with the Queensland Ministerial Handbook;  All supporting documentation is attached;  Where applicable a valid Tax Invoice is attached;  The purpose of any travel or entertainment is related to official business (unless specifically detailed); and  When guests are not assisting the Minister details of cost recovery are attached.  APPROVED: Signature  Name (please print)  Date: 19/4//4  PREPARED BY: Name (please print) LIVS LW FOMULA Date: 10/4/4 |   |  |  |  |  |  |  |  |
| Phone 3719 7013  |   |  |  |  |  |  |  |  |
| MINISTERIAL SERVICES OFFICER:  I certify that:  * approved by competent authority;  * verification of goods supplied/service rendered;  * price or rate of charge correct;  * discounts/allowances correct;  Date:   | s * not previously paid;<br>* invoices/requisitions | proprieta promitiva de la superita de la secula del secula de la secula del secula de la secula del secula de la secula de la secula de la secula dela secula de la secula de la secula de la secula del secula de la secula del secula del secular del secula del secular del secular del secula del secula del secular del secula del secular del secular del secular del secular del secula del secular del secula del secula del secular del secula del sec |  |  |  |  |  |  |

Claims for Travel - See Overleaf
TRAVEL OLAIM

**TRAVEL CLAIM** 

for rates refer to ATO Taxation Determination for Reasonable Travel and Overtime Meal Allowance

Expense Amount (see Ministerial Intranet)

please attach proof of stay at hotel or other commercial accommodation (hotel bill etc)

#### Overseas travel allowance claim:

| Date   | Countr  | <b>y</b>  | Meal<br>Allowance                                | Overnig<br>Incident                                 | ht To               | otal Allowance<br>Claimed     |
|--|---|---|--|---|---------------------|-------------------------------|
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| Domestic tra   | vel allowance cla   | iim:  | <  |   |                     |                               |
| Departure Dat  | te & Time:/   | _/  | _:Re   | eturn Date & T                                      | ime:/_              |                               |
| Date   | Destination   | Breakfast   | Lunch  | Dinner  | Incidental          | Total<br>Allowance<br>Claimed |
|  |   |   |  |   |                     |                               |
|  |   |   | >  |   | <del>-</del>        |                               |
|  |   |   |  |   |                     | <u> </u>                      |
|  |   | 75)   |  |   | TOTAL               |                               |
| CERTIFICATION  | ON OF TRAVELLE  | R CLAIMING  | INCIDENTAI                                       | AND/OR ME   | AL ALLOW            | IANCE                         |
| l certify that:  " An expen " My travel " I have not " The trave Ministeria " I have not | se has been incurre<br>included an overnig<br>t previously claimed<br>I for the above ment<br>I Handbook; and<br>t claimed allowance<br>dation were met fro | ed;<br>tht stay;<br>any meal exp<br>tioned period v<br>s on this form | enses for the<br>was for Offici<br>for trips whe | e above period<br>al purposes as<br>re the actual c | ;<br>s defined in t | the Queensland                |
| Signature:   | · .   | <del></del>   | -  | Date:   | n' '                |                               |
| NOTE: This fo  | rm is not valid unles   | s signed by th  | ie person cla                                    | iming the allov                                     | vance.              |                               |

MINISTERIAL SERVICES

1 4 APR 2014

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