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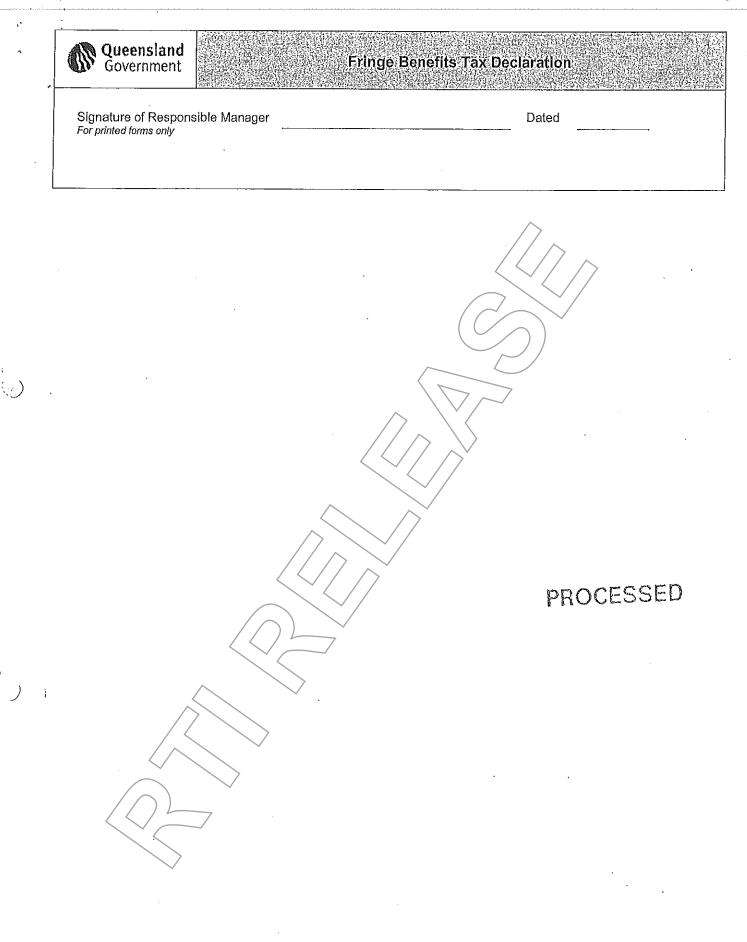
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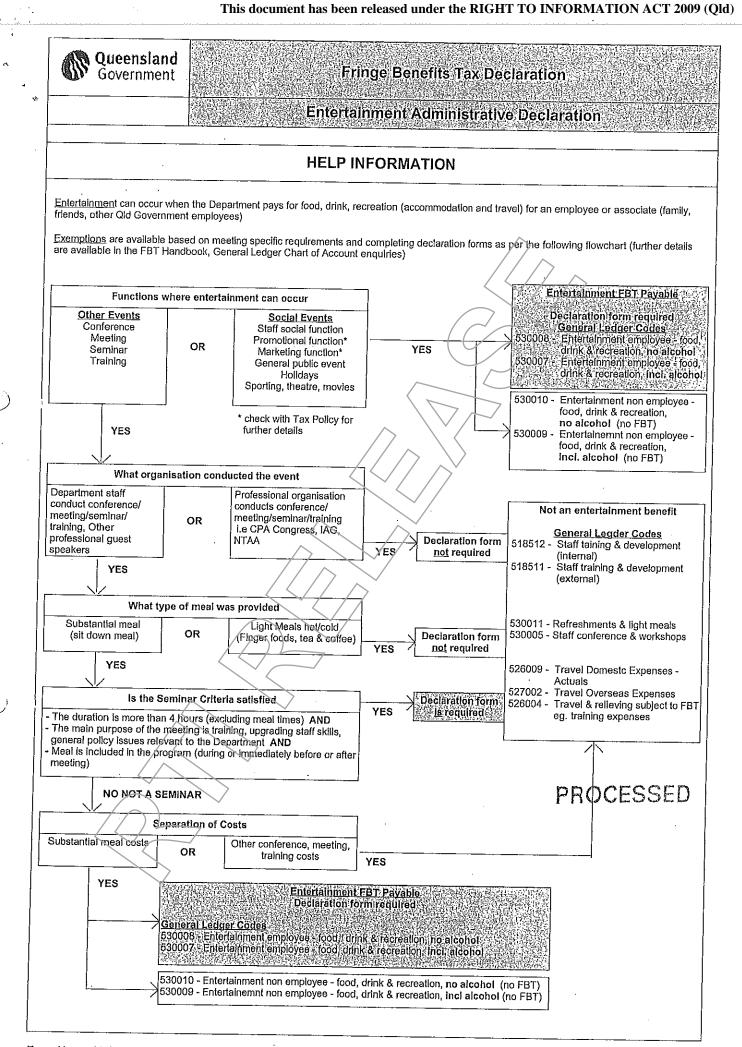
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#### Privacy Statement

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

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Form Name: YFI\_AP\_F\_GENERAL\_PURPOSE\_VOUCH Version: 1.4 Release Date: 24.07.2006

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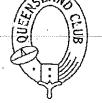
Amount Paying:

## **RTI Document No.7**

\_\_\_\_

Name on Card:

Signature:



#### LINDLAID CLUD

TAX INVOICE um STATEMENTed under the RIGHT TO INFORMATIONALE 3009 (Qld)

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

Facsimile: 3221 9996

28 February 2007

ABN: 60 504 899 252

R085

ACCOUNT NUMBER

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



Biller Code: 28399 Reference: 031377

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

#### AMOUNT BALANCE 271.39 271.39 14.53 285.92 38.85 324.77 80.25 405.02

## DATE

## DETAILS

01/02/2007 15/02/2007 21/02/2007 ?1/02/2007

**OPENING BALANCE** Penalty House account Liquor Lunch Dining Room . Lunch Dining Room .

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

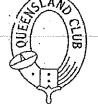
GST COMPONENT FOR THIS MONTH: \$10.83 Rule 6.2: Payment due within 30 days.

## AMOUNT DUE:

405.02

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

	OVER 2 MONTHS	2 MONTHS	1 MONTH	CURRENT	AMOUNT DUE
ĺ	159.83	14.53	97.03	133.63	405.02
	ENSLAND CLUB D BOX 4, BRISBANE,	4001	Our Ref: R085		
Please Master	Circle Card Type: / Visa / Amex / Diners /	Bankcard	Name: R K Rolfe Date: 28 Februa	Esq. ary 2007	REDIT CARD TOTAL 417.17
Card M	Number:			inc	ease note that this amount ludes a 3% Credit Card arge.
Name	on Card:				
Signat	ture:		Expiry Date:	/ Amount	Paying:



#### .and club TAX INVORCEUM STASPEMENSEd under the RIGHT TO INFORMATION ACT 2009 (Qld) HOUSE ACCOUNT G.P.O BOX 4, BRISBANE, 4001

Facsimile: 3221 9996

28 February 2007

ABN: 60 504 899 252

Telephone: 3007 2200

R085

#### ACCOUNT NUMBER

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

DATE

Į

DETAILS

01/02/2007 15/02/2007

**OPENING BALANCE** Penalty Subscription

Biller Code: 28399 Reference: 031377 PAY

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

AMOUNT BALANCE 838.75 83.87

838.75 V 922.62

CSQ 1110,14

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RECEIVEN DG'S OFFICE <u>513107</u>

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

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

AMOUNT DUE:

月5-1

922.62

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

	OVER 2 MONTHS	2 MONTHS	1 MON	NTH	CURRENT	AMOUNT DUE
	838.75	0.00	0.00	)	83.87	922.62
G.P.C Please Master	ENSLAND CLUB D BOX 4, BRISBANE, 4 Circle Card Type: r / Visa / Amex / Diners / I		Name:	R085 R K Rolfe Esq. 28 February 200	7	CREDIT CARD TOTAL 950.30 Please note that this amount includes a 3% Credit Card charge.
Name	on Card:	┉┉┉╴┖╶╻╼┻┉╴╶╏ <sub>╼╼╸╴</sub> ┨		/ L <u></u>		
Signa	ture:		Expiry Date	»:/	, Amoi	unt Paying:

This document has been released under the RIGHT TO INFORMATION 2005 55

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· · · · ·		ndor name*	·					nant/vendor A			_]	
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\$196.80

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HHNK YUU FRUM IL CENTRO BRISEANE SEH 9791297294 ROC# 299946 TID 40218246

AMEX OCT 31, 07 SALE BASE AMOUNT

APPROVAL CODE 48 FOOD AND BEVERAGES

CUSTOMER RECEIPT

K J SMITH I CONFIRM I INCURSED THE CHARGES HEREIN AND WILL OBSERVE W AGREEMENT WITH THE CARD ISSUER

TIP/MISC TOTAL AUD

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31/10/07

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Oueensland Government		Fringe	Benefits Tax Declara	ation
he collection of personal info e used in the processing o equired by law.	ormation on this form and a f Fringe Benefits Tax. Yo	PRIVACY STA my attachments is au ur personal informat	uthorised under the Financial Ad	ministration and Audit Act 1977, and will er parties without your consent unless
				* denotes mandatory field
gency or SSP *	Department of the I	Premier and Cab	inet	
ersonnel Number *	18420		Contact Phone No. *	32244728 .
3T Year / Declaration	Period *	1 April 2007 to	31 March 20 08	
mail *	ken.smith@premier	rs.qld.gov.au		
orm Selection Plea	ase select form(s) by f	flagging the chec	kbox; then scroll down to	complete the form(s).
ि Board Fringe B	enefit Administrative	Declaration	F Residual Benefit /	Administrative Declaration
☐ Car Parking Be	nefit Declaration	. /	Property Fringe B	enefit Declaration
Entertainment	Administrative Declari	ation	Relocation / Temp Declaration	oorary Accommodation
J Expenses Payı	ment Declaration		Free Relocation Trans	port Declaration
HECS-HELP/S	ARAS - Expense Pay	ment	┌┐ Remote Area Hol	iday Transport Declaration
T Living Away Fr	om Home Allowance	(LAFHA)	Travel Diary	
∫ <sup>—</sup> Motor Vehicle (	Usage Declaration		· • •	
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· ·	This document has been	n released under the <u>RIGH</u>	TTO INFORMATION ACT 2009 (Qld)
Queensland Government		e Benefits Tax Declara	
	Entertainm	ent Administrative De	sclaration
The collection of personal information be used in the processing of Fring required by law.	PRIVACY S on on this form and any attachments is ge Benefits Tax. Your personal inform	authorised under the Financial Ad	ministration and Audit Act 1977, and will ner parties without your consent unless
		,	* denotes mandatory field
Agency or SSP * De	partment of the Premier and Ca	abinet	
Personnel Number * 18	420	Contact Phone No. *	32244728
FBT Year / Declaration Perio	od * 1 April 20 <u>07</u>	to 31 March 2008	
Email * ke	n.smith@premiers.qld.gov.au		
Please attach a copy o	information to determine wheth f the invoice/receipt, expenditu re appropriate, including those	re voucher, meeting/semina	r agenda, list of attendees,
On 31.10.2007	the Department provided Si	t Down Menu	)
Date of function	har-m	e.g. finger feed, alcohol, s.	it-down menu, live show, etc.
at a Meeting	he	eld at Non Govt-premises -	Eagle Street, Brisbane
Type of function, e.g.	meeting, seminar, social, etc.	Gavt, non-govt p.	remises and physical location
for a period of <u>4</u> total cost of \$ <u>196.30</u> <i>Total expendite</i> <i>emount incl</i> G		a total of <u>3</u> att Total No people	endees at a
Employee Name Includes employee's friends and family, all government employees and their friends and family	Title, Department and Business Unit	Non-Employee Name Includes Clients and Supplier	s Title and Company
Ken Smith	Director-General, DPC	Barb Livesey	CEO, Reconciliation Australia
		Jackie Huggins	Co-Chair, Reconciliation Australia
Total Employees	1	Total Non-Employees	2
Have all attendees been	accounted for? Yes		
	Employee Count		
Amount subject to FBT =	<u> </u>	x ¤196.30	
	Employee & Non-employee Count	Total Cost entered above	

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Signature of Responsible Manag For printed forms only	er Off	Dated 7 11 1	
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Form Name: YFI\_GL\_F\_FBT\_DECLARATION Version: 1 Release Date: 06.01.2006

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The collection of personal information on this form and a be used in the processing of Fringe Benefits Tax. Yo	any attachme	ACY STATEMENT ents is authorised under the l information will not be disc	Financial Administration and A losed to other parties without	Audit Act 1977, and will It your consent unless
required by law.			* deno	tes mandatory field
Allocate total cost of event as per the invoice	e charge in	to specific GL accounts	s below:	
GL Account Description	FBT?	GL Account Code	Cost Centre	Amount
Entertainment - non-employee - incl alcohol Entertainment - non-employee food, drink and recreation - alcohol provided	No	530009	4101900	130.86
Entertainment - non-employee - no alcohol Entertainment - non-employee food, drink and recreation - no alcohol provided	No	530010	$\mathcal{D}$	
Entertainment -employee and associates - incl alcohol Entertainment - employee food, drink and recreation - alcohol provided	Yes	530007	4101900	65.44
Entertainment -employee and associates - no alcohol Entertainment - employee food, drink and recreation - no alcohol provided	Yes	530008	·	
Staff training and development Internal	No	518512		
Staff training and development	No	518511		
Refreshments and light meals Refreshments and light meals; excludes elcohol, includes tea, coffee, milk	No	530011		
Staff conferences and workshops	No	530005		
Other	No			
			Total \$	196.30

Form Name: YFI\_GL\_F\_FBT\_DECLARATION Version: 1 Release Date: 06.01.2006

This documen	t has been released under the RIGHT TO INFORMATION ACE 2009 (Old
Queensland Government	eneral Purpose Expenditure Voucher
	Credit note number*       Mandatory field *         Yendor number* (if known)       Yendor number* (if known)         Yendor 13772       Yendor 7013772
Section A: Vendor Information Claimant/vendor name*	GST registered:* No X Yes
Kenneth John Smith	Claimant/vendor ABN (if applicable)
Address of claimant/vendor* Flr 15, Executive Building, 100 George Street,	BRISBANE
	Country State QLD Postcode 4000
Remittance text (this will be displayed in the remittance to the	
John Dawson dinner Silv ST Claimant (to be signed by employees claiming cost recovery	
I certify that the amount detailed above is due and payable goods supplied, services rendered of works as indicated on Signature	a to me for this form, No Yes Return cheque to requestor?
10× Jm. ~ 16/1	No X Yes Invoice Attached X Manual Cheque Required
Section B: General Ledger Information Invoice Type: Invoice X DR Credit Note CR	Payment Terms Payment Method House Bank Partner Bank Type
If the table below is not long enough, please use the atta	ched table
Line DR/ GL Account Amount * Tax CR* Code* Amount * Code *	Profit Centre (4) Cost Centre (7) Internal Order(8) WBS Element * Description* (this description appears on your financial reports - maximum of 50 characters)
1 DR 530009 202.00 P. 410190	John Dawson dinner 8: 11- =
2 DR 530007 101.00 PC 4101900	
4	
5	
Total 303.00 (must equal inv	olce amount including GST)
Section C: Certifications	
Business unit verification I certify that the necessary checks have been made to ensure • all GL account, WBS Element/ Internal order/ cost centre/ profit s codes are correct; • a valid tax invoice is attached where applicable; • goods and services are for official purpose and have been received	SAP tax relevant financial delegation.
the invoice has not been previously paid; and     the total computed for payment on this form equals the value invoice including GST Name Telephone	number Name College 21.11.57
Kerri Neueridorf 3406793	33 Scott Kessell
Senior Executive Assistant	Executive Director
	107. Sollin 1931100
Accounts Payable Use Only C Entered by SAP User ID SAP D	Document number Manual cheque Admber (Tapplicable) (ESSED
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Privacy Statement The collection of personal information on this form and any atta be used in the processing of vouchers. Your personal informati	achments is authorised under the Financial Administration and Audit Act 1977, and will on will not be disclosed to other parties without your consent units of a guired by aw.
Form Name: YFI_AP_F_GENERAL_PURPOSE_VOUCH Version: 1.7 Releas	e Date: 30.05.2007 Page 1 of 2
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Government			Benefits Tax Declar	ation
The collection of personal info be used in the processing of required by law.	ormation on this form and If Fringe Benefits Tax. Y	PRIVACY STA I any attachments is au 'our personal informat	thorised under the Financial A	dministration and Audit Act 1977, and will ther parties without your consent unless
				* denotes mandatory field
Agency or SSP *				
Personnel Number *	18420		Contact Phone No. *	32244728
FBT Year / Declaration	Period *	1 April 2007 to	31 March 2008	$\land$
Email *	ken.smith@premi	ers.qld.gov.au	/	
Form Selection Plea	ise select form(s) by	r flagging the chec	kbox; then scroll down to	complete the form(s).
F Board Fringe B	enefit Administrative	Declaration	[ <sup>—</sup> Residual Benefit	Administrative Declaration
. [¯ Car Parking Be	nefit Declaration		Property Fringe E	Benefit Declaration
I Entertainment /	Administrative Decla nent Declaration	ration	Relocation / Tem Declaration	porary Accommodation
┌─ HECS-HELP/S. Benefit Declara	ARAS - Expense Pa tion	yment	┌─_ Remote Area Ho	liday Transport Declaration
☐ Living Away Fro	om Fiome Allowance	(LAFHA)	Travel Diary	
آ <sup></sup> Motor Vehicle U	Jsage Declaration			

Form Name: YFI\_GI\_F\_FBT\_DECLARATION Version: 1 Release Date: 06.01.2006

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## **RTI Document No.17**

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1		This doc	ument has been	released under the RIGI	HT TO INFORMATION ACT 2009						
, ,	Government		Fringe	• Benefits Tax Decla	ration						
		Entertainment Administrative Declaration									
	PRIVACY STATEMENT The collection of personal information on this form and any attachments is authorised under the Financial Administration and Audit Act 1977, and will be used in the processing of Fringe Benefits Tax. Your personal information will not be disclosed to other parties without your consent unless required by law.										
		·			* denotes mandatory field						
	Agency or SSP *	Department of the	Premier and Ca	abinet							
	Personnel Number *	18420	r	Contact Phone No. *	32244728						
	FBT Year / Declaration I	Period *	1 April 2007	to 31 March 20 <u>08</u>							
	Email *	ken.smith@premi	ers.qld.gov.au	<	$\overline{\Box}$						
	Please attach a co	py of the invoice/re	ceipt, expenditur	er this form is necessary for e voucher, meeting/semir ransactions paid for by Co	ar agenda, list of attendees,						
£	On 08.11.2007	the Departm	nent provided Sit	Down Menu							
Č.	Date of function	·	·		sit-down menu, llve show, elc.						
-	at a Meeting held at Non-Govt Premises - Edward Street, Brisbane										
	Type of function, e.g. meeting, seminar, social, etc.										
	for a period of <u>4</u>	for a period of <u>4</u> hours. The Department paid for a total of <u>3</u> attendees at a									
	4		$\sim$	Total No people							
	total cost of \$ 303.00	total cost of \$ 303.00									
	Total expenditure amount incl GST										
	Employee Name Includes employee's friends a family, all government employ and their friends and family	and Busin	artment and ess Unit	Non-Employee Nam Includes Clients and Supplie							
к 1	Ken Smith	Director-Gen	eral, DPC	John Dawson	Former Agent-General to London (QLD Govt)						
				Loftus Harris	Consultant reviewing International Division						
	. /	$\langle \rangle$									
	Total Employees	$\sim$	1	Total Non-Employee	s 2						
	Have all attendees be		Yes		- · ·						
		Employee Count			· ,						
	Amount subject to FB	Γ = <u> </u>		x ¤303.00							
		Employee & Non	-employee Count	Total Cost entered above							

Form Name: YFI\_GL\_F\_FBT\_DECLARATION Version: 1 Release Date: 06.01.2006

This document has been released under the RIGHT TO INFORMATION ACT 2009 (Qld) Queensland Government Fringe Benefits Tax Declaration Č, Signature of Responsible Manager For printed forms only Dated 15 107

Government		inge Benefits Tax inment Administr		
The collection of personal information on this form and ar be used in the processing of Fringe Benefits Tax. You required by law.	iy attachme	ACY STATEMENT onts is authorised under the F information will not be discl	losed to other parties withou	it your consent unless
Allocate total cost of event as per the invoice of	charge in	to specific GL accounts		tes mandatory field
GL Account Description	FBT?	GL Account Code	Cost Centre	Amount
Entertainment - non-employee - incl alcohol Entertainment - non-employee food, drink and recreation - alcohol provided	No	530009	4101900	202.00
Entertainment - non-employee - no alcohol Entertainment - non-employee food, drink and recreation - no alcohol provided	No	530010	$\mathcal{O}$	
Entertainment -employee and associates - ncl alcohol Entertainment - employee food, drink and recreation - alcohol provided	Yes	530007	4101900	101.00
Entertainment -employee and associates - no alcohol Entertainment - employee food, drink and recreation - no alcohol provided	Yes	530008		
Staff training and development	No	518512		
Staff training and development	No	518511		
Refreshments and light meals refreshments and light meals; excludes alcohol, rcludes tea, coffee, milk	No	530011		
taff conferences and workshops	No	530005		
Other	No			
			Total \$	303.00

Form Name: YFI\_GL\_F\_FBT\_DECLARATION Version: 1 Release Date: 06.01.2006

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#### . This document has been released under the RIGHT TO INFORMATION ACT 2009 (Qld)

8/11/

retrad

John Dawson -Exp Ngut General to London Lothin Harris -

Claim -Dinner wit

Ruseri

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08/11/07

APPROVED

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RESTAURANT	
ABN#_ 91_ 36	6 215263
TAX INVOIC	E ./
DATE 08.1	1.2007 THU
	record 100
ЭХ -	018.00
ENTREE 31	\$54.00
MAIN COURSE	
28	039.00
MAIN COURSE	
2X	04.00
COFFEE 31	\$8.00
2X	051.50
WINE 31	\$103.00
BAR X1	\$8.00
BAR 31	\$7.00
SUBTOTAL	\$303.00
TAXABLE 1	\$303.00
NETI ANT	\$275.45
TAX1 ANT	1
	<pre>\$27.55</pre>
TOTAL	\$303.00
Cash	\$303.00
CLERK 1	ND.088450
TIME 21:08	0000

19:115450

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ect	on A: V	endor Inform	ation				GS	T regi	stered:* N	lo 🗌	Yes	$\Box$		-
		dor name*	/						rendor ABN	√ (if app)i	icable)	,		
Ken	neth J	Smith 👋	/				em	ip-id.	<del>18420</del>		^~			
		aimant/vendor									$\square$			
		Building, L	evel 15, 100	) Geor	ge Street							$\square$		
Bris	вапе		. <u> </u>			Cour	ntry			State	<u>ard</u>	Po	strode 4	000
• • •	·····	<u>`</u>	displayed in th	e remitta	ance to the v	vendor)*						$\leq$		·
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000			tailed above is	s as Indi	cated on thi		No	> X iequal	benefits ta Yes Ves to requesto Yes		lease ad	i this as	our SSP fr sessment ice Attach	
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ecti	on B: G	eneral Ledge	r information					<u> </u>						
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tne			····		P	rofit Centre		$\overline{\lambda}$			<b>.</b> .		·····	
ine	DR/ CR*	GL Account Code*	Amount *	Tax Ċode *	) C	Profit Centre Cost Centre Mernal Order VBS Elemer	- (4) (7) r(8)	$\overline{\mathbf{P}}$	(this descr		Descrip opears o um of 50	n your f		ports -
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#### **Privacy Statement**

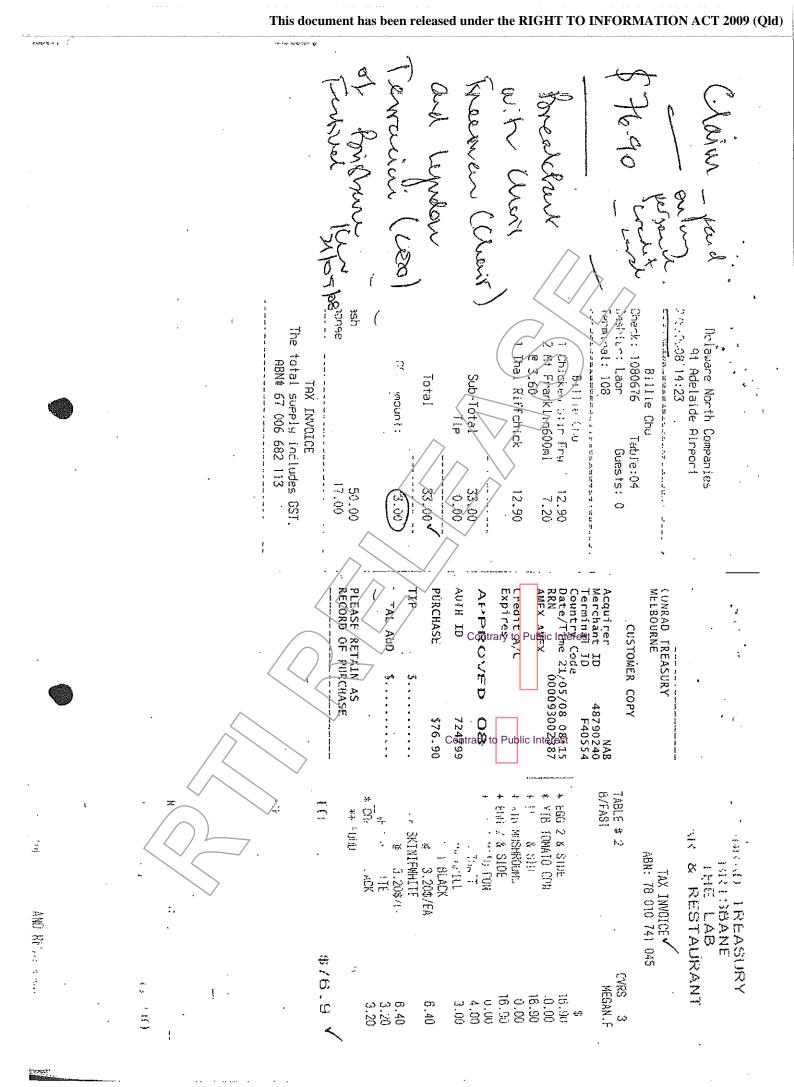
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The collection of personal information on this form and any attachments is authorised under the Financial Administration and Audit Act 1977, and will be used in the processing of vouchers. Your personal information will not be disclosed to other parties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

Form Name: YFL\_AP\_F\_GENERAL\_PURPOSE\_VOUCH Version: 1.7 Release Date: 30.05.2007



	· ·	
Queensland Government	General Pur	rpose Expenditure Voucher
	nvoice/credit note number*	Mandatory field * Vendor number* (if known) TOI3772
Section A: Vendor Information Claimant/vendor name*		GST registered:* No  Yes  I
Kenneth J Smith	·· ···· · · · · · · · · · · · · · · ·	mp id 18420
Address of claimant/vendor*		· · · · · · · · · · · · · · · · · · ·
Executive Building, Level 15, 100 Georg	e Street	
Brisbane	Country	State QLD Postcode 4000
Remittance text (this will be displayed in the remittan	· · · · · · · · · · · · · · · · · · ·	
Meal claim for business dinner - 1 Septe	mber 2008	
Claimant (to be signed by employees claiming cost i I certify that the amount detailed above is due and goods supplied, services rendered of works as indic	payable to me for Is there ated on this form.	a fringe benefits tax impact? No Yes Please advise your SSP fringe benefits tax unit of this assessment
Signature D	ate	cheque to requestor?
		No VYes Invoice Attached
	$\land$	$\rightarrow$
Section B: General Ledger Information		$\land$ $\land$
Invoice Type: Invoice X DR Credit note	CR Payment Terms P	ayment Method House bank
If the table below is not long enough, please use		Electronic upload
Line DR/ GL Account Amount * Tax CR* Code* Amount * Code *	Profit Centre (4) Cost Centre (7) Internal Order(8) WBS Element *	Description* (this description appears on your financial reports - maximum of 50 characters)
	4101900	Business Dinner with Jeff Harmer - 1 Sept 08
		· · ·
3		( ) / ( ) )
4		F.F.C. LVEL
5		2 GET 2 GEP 2008
Total 96.00 (must e	equal invoice amount includin	IU GOT
Section C: Certifications		SSA AUXISIA PHYABSIC I
Business unit verification I certify that the necessary checks have been made • all GL account, WBS Element/Internal order/ cost cen codes are correct ; • a valid tax invoice is attached where applicable; • goods and services are for official purpose and have be • the invoice has not been previously paid; and • the total computed for payment on this form equals invoice including GST	to ensure that: tre/ profit SAP tax en received;	iture Approval this expenditure from the codes shown above and hold the financial delegation.
Name T	elephone number Name	
Kerry Wilson	x67933 Scott ł	Kessell
Position	Position	· · · · · · · · · · · · · · · · · · ·
Senior Executive Assistant	Execti	tive Director, ODG
	Date Signatur	
Kittisas 0	5.09.2008	Alf
Accounts Payable Use Only		
Entered by SAP User ID	SAP Document number	Manual cheque number (if applicable)

#### **Privacy Statement**

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



Queensland Government	General P	urpose Expenditure Voucher
Company Code* Invoice date*	Invoice/credit note number*	Mandatory field *         Vendor number* (if known)         KS         7013772
ection A: Vendor Information		GST registered:* No Yes C Claimant/vendor ABN (if applicable)
Kenneth J Smith		emp id 18420
ddress of claimant/vendor*		· · · · · · · · · · · · · · · · · · ·
executive Building, Level 15, 100 G	eorge Street	
Brisbane	Country	State QLD Postcode 4000
emittance text (this will be displayed in the re		
ler jaim for business dinner - 18	May 2008	$ \qquad
certify that the amount detailed above is due bods supplied, services rendered of works as ignature	indicated on this form.	here a fringe benefits tax impact? No Yes Please advise your SSP(fringe benefits tax unit of this assessment turn cheque te requestor? No Yes Invoice Attached
		Electronic upload Description* (this description appears on your financial reports -
	W8S Element *	maximum of 50 characters)
1 DR 530007 72.47 {} 2 DR 530009 144.93 f	G 410/900 G- 4101900	Dinner expenses for Ken Smith
3	3 4101900	Dinner expenses for Geoff Dixon and Don Morris
4		
5		
· · · · · · · · · · · · · · · · · · ·		
Total 217.40 (m	nust equal invoice amount incl	
action C: Certifications usiness unit verification certify that the necessary checks have been all GL account, WBS Element/ Internal order/ cos- odes are correct; a valid tax invoice is attached where applicable; goods and services are for official purpose and ha the invoice has not been previously paid; and the total computed for payment on this form en- voice including GST	made to ensure that: I ap st centre/ profit SAP tax ave been received;	enditure Approval prove this expenditure from the codes shown above and hold the vant financial delegation.
ame	Telephone number Nan	ne 1. 12 juin- pavable 1
Kerry Wilson		
osition		tion Sonior Advisor
Senior Executive Assistant		
anature	Date	
V H H Sov	Date Sigr	
ignature	Date Sigr 05.09.2008 SAP Document number	m. Wearn 22/05/99
KHHSS counts Payable Use Only	SAP Document number	Manual cheque number (if applicable)

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

TREASURY LAB BAR	CONRAD TREAS BRISBANE THE LAB	URY
STOMER COPY	BAR & RESTAU	RANT
Nequirer NAB Avertiant ID 48790240 Cerminal ID F40554	TAX INVOICE ABN: 78 010 741 04	Ď.
Country Code Pate, Time 18/05/09 21:12 RRN 000362009437 AMEX AMEX	TABLE # 11 DINNER	CVRS 3 AMELIA.P
Contrary to Public Interest Credit A/C Expires 10/10	* FRESH FISH	\$.
APPINES 10/10	2 9 30,00\$/EA * BARWONG DUCK	60.00
AUTH ID 323999	* SEASONAL VEGS	35.00 6.00
PURCHASE \$217.40	* COF-FLAT WHITE 2 1 3 20\$/EA	6,40
TIP \$	** FOOD 107.4	
TOTAL AUD \$	* GL H/FIELD SYBL OG * YERING STATION PN NV * GL NINTH IS P/N OG	13.00 58.00
PLEASE RETAIN AS RECORD OF PURCHASE	3 @ 13.00\$/EA ** BEVERAGE 110.0	39.00 00
	TUTAL \$2	17.40 _
Paris please. Donner w. Ho	Т <i>х</i> ́Р NAME	······
	NO#SG;	
Geoff theast	NEW BAL 2	17.40
and Events		
Company in	THE LAB BAR AND RESTAU FOR ENQUIRIES & BOOKI PLEASE CALL 07 3306 8	VGS
ala Tomes	#0033 CLK000282 E061-0 9:11	PM 18/05/09
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15-05 20		

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Government		Fri	nge Benefits Tax Declarat	ion
		Entertal	nment Administrative Dec	aration
The collection of personal info be used in the processing of required by law.	rmation on thi Fringe Bene	s form and any attachmen	CY STATEMENT its is authorised under the Financial Admi nformation will not be disclosed to other	inistration and Audit Act 1977, and parties without your consent un
A	DD04044			* denotes mandatory f
Agency or SSP *	DPC1041			~
Personnel Number *		· · · · · · · · · · · · · · · · · · ·	Contact Phone No. *	40 67933
FBT Year / Declaration I	Period *	1 April 200	9 to 31 March 2010	
Email *				
Please attach a co	py of the in	voice/receipt, expen	ether this form is necessary for y diture voucher, meeting/seminar ose transactions paid for by Corpo	agenda, list of attendees,
On 18.05.2009	the	Department provided	1 Dinner	
Date of function			e.g. finger food, alcohel, sil-o	lown menu, live show, etc.
ot o Rusinoss mostin	a		held at Lab Bar Restaurant	
at a Business meetin		, seminar, social, etc.		nises and physical location
			(for a 4-0) a f	alass sta
for a period of 2 total cost of \$ 217.40 Total expe amount in	) enditure	The Department paid	for a total of <u>3</u> atter	ndees at a
total cost of \$ 217.40 Total expe	) enditure	The Department paid		
total cost of \$ 217.40 Total expe	) enditure cl GST and rees	The Department paid tle, Department and Business Unit	Yotal No people	
total cost of \$ 217.40 Total expe amount in Employee Name Includes employee's friends a family, all government employ	) enditure cl GST and vees y	tle, Department and	Yotal No people	Title and Company
total cost of \$ 217.40 Total expe amount in Employee Name Includes employee's friends a family, all government employ and their friends and famil	) enditure cl GST and vees y	tle, Department and Business Unit	Total No people Non-Employee Name Includes Clients and Suppliers	Title and Company
total cost of \$ 217.40 Total expe amount in Employee Name Includes employee's friends a family, all government employ and their friends and famil	) enditure cl GST and vees y	tle, Department and Business Unit	Yotal No people Non-Employee Name Includes Clients and Suppliers Geoff Dixon	Title and Company Chair, Qld Events
total cost of \$ 217.40 Total expe amount in Employee Name Includes employee's friends a family, all government employ and their friends and family Ken Smith	) enditure cl GST and rees y Dire	tle, Department and Business Unit ctor-General, DPC	Non-Employee Name         Includes Clients and Suppliers         Geoff Dixon         Don Morris	Title and Company Chair, Qld Events Chair, Tourism Qld
total cost of \$ 217.40 Total expe amount in Employee Name Includes employee's friends a family, all government employ and their friends and famil Ken Smith Total Employees	) enditure cl GST and vees y Dire Dire	tle, Department and Business Unit ctor-General, DPC	Non-Employee Name         Includes Clients and Suppliers         Geoff Dixon         Don Morris	Title and Company Chair, Qld Events Chair, Tourism Qld
total cost of \$ 217.40 Total expe amount in Employee Name Includes employee's friends a family, all government employ and their friends and famil Ken Smith Total Employees	Ti and vees y Direct or account contact of the second contact of t	tle, Department and Business Unit ctor-General, DPC	Non-Employee Name         Includes Clients and Suppliers         Geoff Dixon         Don Morris	Title and Company Chair, Qld Events Chair, Tourism Qld

Queensland Government		Fringe Benefi	ts Tax Declaration	
Signature of Respons	ible Manager	m. Llenu	C Dated 25	05/09
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Government		Fri	inge Benefits Tax	Declaration	
		Enterta	inment Administi	ative Declaration	
The collection of personal information be used in the processing of Fringe required by law.	n on this form and any e Benefits Tax. Your	v attachme	CY STATEMENT Ints is authorised under the information will not be disc	Financial Administration and closed to other parties with	d Audit Act 1977, and will out your consent unless
				* der	otes mandatory field
Allocate total cost of event as	per the invoice c	harge int	o specific GL account	s below:	
GL Account Descri	iption .	FBT?	GL Account Code	Cost Centre	Amount
Entert - non-employed Entert, ent - non-employee food, recreation - alcohol provided	e - incl alcohol drink and	No	530009	4101900	144.93
	Entertainment - non-employee - no alcohol Entertainment - non-employee food, drink and recreation - no alcohol provided		530010		
Entertainment -employee and incl alcohol Entertainment - employee food, drink alcohol provided		Yes	530007	4101900	72.47
Entertainment -employee and no alcohol Entertainment - employee food, drink no alcohol provided		Yes	530008		
Staff training and developmer	nt	No	518512		
Staff training and developmer External	nt	No	518511		
Refreshments and light meals Refreshments and light meals; exclut includes tea, coffee, milk	des alcohol,	No	530011		
Staff conferences and works	lops	No	530005		
Other	7	No			- - -
				Total \$	217.40
Signature of Responsible N For printed forms only	Manager	m	h/ Jonne	, Dated 23	705709

Form Name: YFI\_GL\_F\_FBT\_DECLARATION Version: 1 Release Date: 06.01.2006

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TO BE PRINTED OM PINK PAPER	<u>ع</u>		•			ed under the RIG		ORMATION	ACT 2009 (
		DC	DMESTIC	TRAVEL	LE PREMIER A . EXPENSE	ND CABINET	R		
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PERIOD OF CLAIM:			7/12/2008	to	8/12/20		E NUMBER:		
Family Name: Smith					Given	ame/s: Kenneth J			<u> </u>
Work Address: Le	vel 1	5, 100	George Street,	Brisbane	Oiven in	ame/s: Kenneth J			· · · · · · · · · · · · · · · · · · ·
CLAIM DETAILS - SUM					and an		Work Pho	ne: 322 44728	
tems Claimed		7			Number	Rate		Amount	
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**Note Tax Code = PZ	**	Incid	ental					~	
leal Allowance	wish	Brea	kfast			<	<u> </u>	$\overline{\gamma}$	
seek reimbursement for any actu osts	ial meal	Lunc						/	
**Note Tax Code = PZ*	*							· · ·	
dvance/		Dinne Spec	er ify Dates:				<u> </u>		
<pre>"vance Acquittal "*Note Tax Code = PZ*</pre>	· 1		,			$\sim$ (	$\square$		
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g. ] al expenses which re- celpts or valid Tax Invoices	quire				$\land$				
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ofit Centre required fo ACCOUNT	r use	or As Pi	ROFIT	de (1xxxxx), E COST CEN	Expense account	codes (5xxxx) re	quire cost cer	ntre	
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		×15.5	APRIL 2017 Taketo and a						52.9
bnal meal expense	at th	e CE	O Dinner for O	ladstone Co	ommunity Cabin	et - 7 - 8 Decemb	er 08.		
			$\rightarrow$						
Is Fringe Benefit Tr	ax ap	plicab	le on this expend	diture.		YES /(NÓ ) (ci	rcle correct and	wer)	
If YES complete Fi	3T En	tertali	nment expenses	declaration fo	rm located on FSE	Intranet page.			
CLAIMANTS CERTIFICA I certify:		$\frown$				PROVAL			
<ul> <li>That the amount clair</li> <li>Overnight accommod</li> </ul>	"ສ/iດn∕	wasini	hlained as indicate	5.ef	l ha Pr	ve the delegated aut actice Manual to appr	'OVA this claim fo	r noumont and	jement
<ul> <li>I have not claimed a meal expenses</li> </ul>	compil	nation	of meal allowance	and actual		Funds are available	med was for off	icial purposes	
Vote: ADVANCES - Within on	e wee	k of co	mpletion of your t	np you are requ	ired •	Where actual expen and amounts claime	ses are claimed	prior approval w	/as giv∈
o account for the advance and repay any unused ad	varjce	uging -	a mai claim with a	il sections comp	pleted	/ /			ne -
Signature:	1	マ	$\sim 1 \sim$	-	Si/	Inature:	11	J	
rinted Name Ken Smith	Γ						<u> </u>		-
osition: Director-General	)		Datai	10.12.0		nted Name:	Scott Kes	sell	-
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he foliow or detail:	The following form must be completed for Official Entertainment Expenses - "Fringe Benefits Tax - Entertainment Expenses Declaration" For details of who is authorised to approve entertainment expenditure, please refer to the Departments' Financial Management Practice Manual Expenditure Delocations	xpenses - "Fringe Benε ture, please refer to the	efits Tax - Ente • Departments	artainment '' Financial	Expense.	Entertainment Expenses Declaration" lents' Financial Management Practice	n" te Manual Ex	(nenditure D	electations			
	Overnight Details		Accon	Accommodation	L L	Incidentals			Meals			Other Home
		/	Please supply	Please tick the appropriate	ck the viate		Note: N provided	lo allowanc at departm	e can be cl rental expe	Note: No allowance can be claimed where a meal is provided at departmental expense or as part of a fare	e a meal is nt of a fare	to be reimbursed
		Ponnet wol	Hotel/ Motel/	Private Booke e.g. throug	Booked		Prov	Provided	aiready paid Amoun	dy paid Amount of Actual OR	al OR	
Date	Location	Arrival Time	Lodging House and you paid the account		Amex Travel or supplied		(Pleas e.g. meak at confe training	(Please tick) e.g. meals supplied at conference or training course	Allow * Cannot c and ac com	Allowance Claimed * Cannot claim for meal allowance and actual meal costs, no combination allowed	hed * * allowance sts, no	Please list amounts and total
		am	39	\$	by Dept or other	\$	B'fast Lur	B'fast Lunch Dinner	B'fast \$	Lunch \$	Dinner \$	69
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munity	Community Cabinet - Gladstone 7 to 8 December 2008.					Alla	All amounts are inclusive of GST if applicable.	Iclusive of G	ST if applicat	lle.		
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FOR	FORM NO: FSB006		Pag	Page 2 of 2								

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·	Mr Kenneth Smith L 15 100 George St	personaly . 60 dinner claim I will pay Cer wine \$44 Congre	Room No. : 0309 Arrival : 07/12/08 Departure : 08/12/08 Cashier : GLSPENCER Date : 08/12/08 08:00
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0 2/08 07/12/08 08/12/08 08/12/08	Brass Palm Dinner - Food Brass Palm Dinner - Beverage Credit Card Transaction Fee - 3.5% American Express		AUD AUI 52.90 44.00 3.39 100
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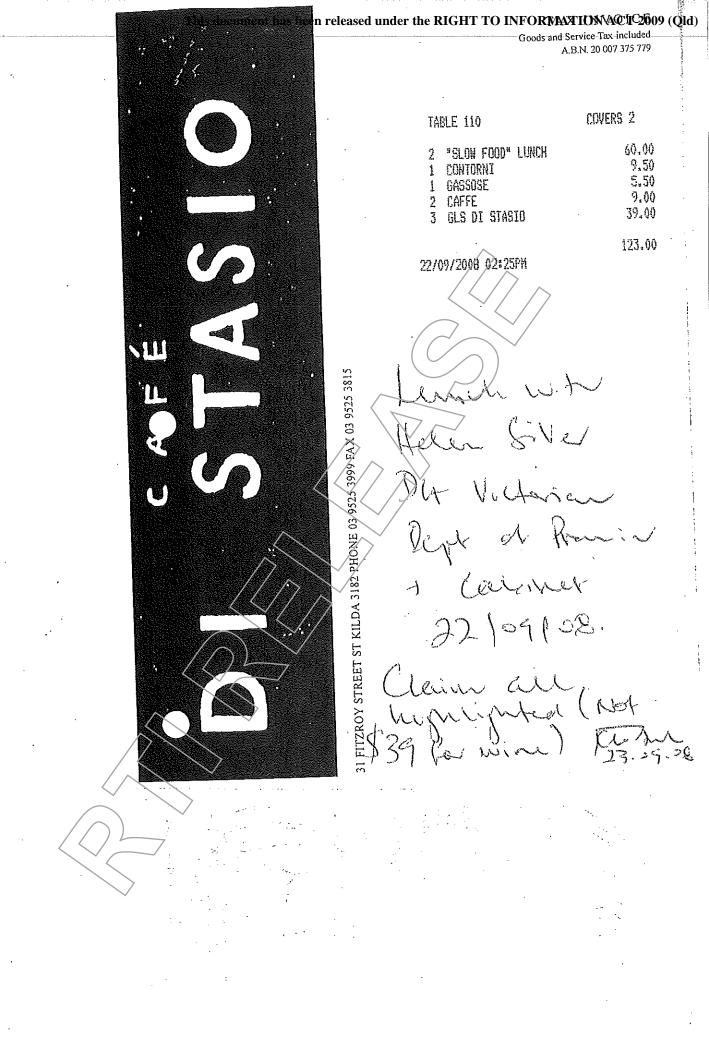
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					t recovery items) d payable to me for	Is there a	fringe benefits	tax impact?	.)		
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#### **Privacy Statement**

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



This document has been released under the RIGHT TO INFORMATION ACT 2009 (Qld)

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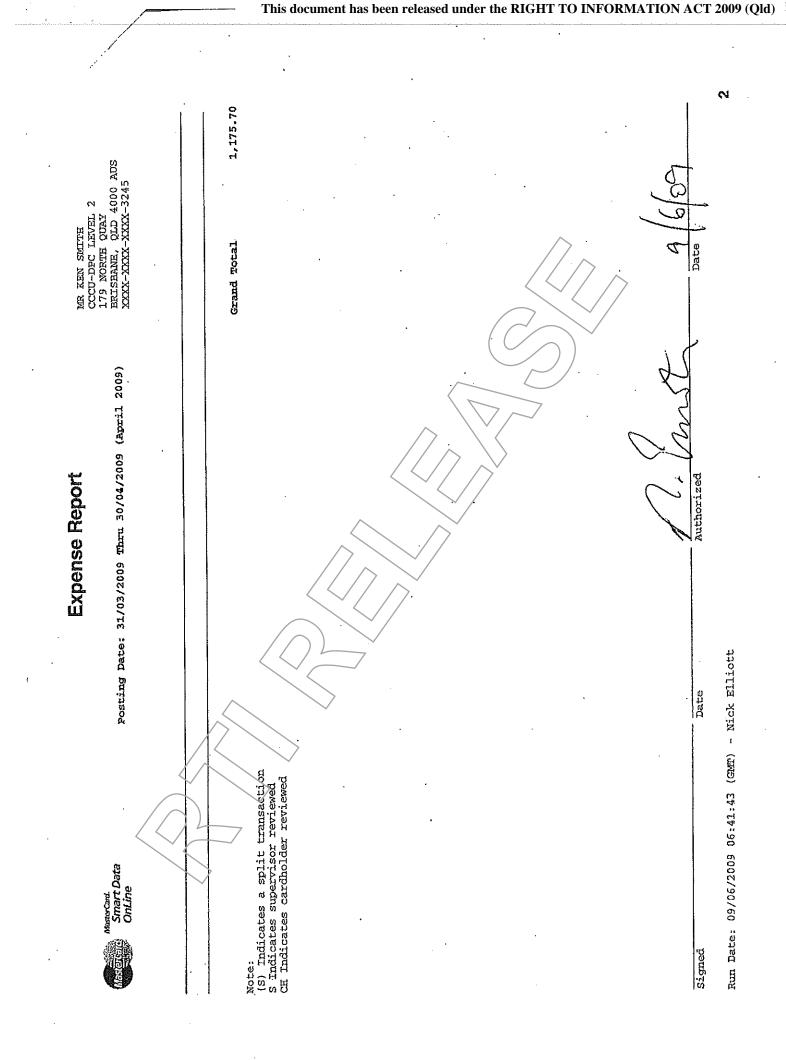
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## **RTI Document No.40**