**Consumer Reimbursement and Honorarium Claim Form**

This form is used to claim honorarium/remuneration payment or reimbursement for out-of-pocket expenses incurred by your consumer as a result of involvement in activities conducted for Sydney Cancer Partners member research.

Please return the completed form and other documents to [sydneycancerpartners.admin@sydney.edu.au](mailto:sydneycancerpartners.admin@sydney.edu.au)

Complete the form in BLOCK CAPITALS.

**RESEARCHER and PROJECT DETAILS**

|  |  |
| --- | --- |
| **Researcher name:** |  |
| **Email address:** |  |
| **Project name:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of Expenses**  **(Remuneration or Reimbursement)** | **Date** | **Amount ($)** | **Receipt Provided** |
| *E.g. Costs for attending a XX Consumer Advisory Meeting on 1.8.19* | | | |
| *Car Parking costs* | 1.8.19 | 46.92 | Yes |
| *XX hours for meetings (face to face or virtual)* | 1.8.19 | 18.50 | N/A |
|  |  |  |  |
|  |  |  |  |
| **TOTAL ($)** |  |  |  |

**Reimbursement** claims must be accompanied by copies of receipts/tax invoices or other evidence to verify the expense incurred.

For claims related to private car use please indicate distance travelled (in km) and start/end points.

e.g. Strathfield – Westmead return (34 km). Sydney Cancer Partners will remunerate consumers for private car use at the rate of $0.78 per km (2022-2023).

**Honorarium** claims should be made with reference to the Health Consumers NSW Remuneration and reimbursement [guidelines for consumer involvement in health and medical research](https://www.hcnsw.org.au/wp-content/uploads/2022/10/Remuneration-and-reimbursement-of-health-consumers-FINAL-28-October-2022.pdf).

**CONSUMER DETAILS:**

Please note*: As a consumer representative, you are acting as a volunteer and are not considered to be employed by Sydney Cancer Partners or The University of Sydney*

\*Please complete all fields. Incomplete details cannot be submitted for payment.

|  |  |  |
| --- | --- | --- |
| **Consumer Name:** |  | |
| **Address:**  **(including city, state & postcode)** |  | |
| **Email address (payment confirmation)** |  | |
| **ABN (if applicable):** |  | |
| **Phone Number:** |  | |
| **Bank account details:** | Bank Name |  |
| Branch Address |  |
| Account Name |  |
| BSB |  |
| Account No |  |

A copy of a bank statement or bank letter verifying the accounts detail above is required. This can be:

* A payee letterhead with confirmation of bank details; or
* A voided cheque which includes the payee's name, bank account and bank branch details.

If this is a first time payment, the consumer must also complete and sign the University of Sydney [Payee Details Request Form](https://sydneycancerpartners.org.au/wp-content/uploads/2023/03/payee_details_request_form.pdf) which should be returned together with this form.

Documents to return.

* Consumer Reimbursement and Honorarium Claim Form (this form)
* Evidence of bank details
* University of Sydney Payee Details Request Form (for first time payment)

**We are unable to submit any claims for payment without all the required documents fully completed.**