

TEACHERS NON-METROPOLITAN CLAUSE CLAIM – DETAILS FROM CLAIMANTS

Details of the medical and dental treatment cost reimbursement and leave provisions for teachers are contained in Clause 5.9 of the Teachers (DECD) Award.

PERSONAL DETAILS

- 1. Person receiving treatment:
- 2. Relationship to claimant: Self Dependent Spouse Dependent Child

CONSULTATION DETAILS

- 3. Type of Practitioner consulted: **Group A** General Practitioner Dentist Chiropractor
 (Mark in appropriate box)
- Group B*** Psychologist Optometrist Podiatrist
 Physiotherapist Other

(*Copy of referral **MUST** be attached, otherwise claim will be returned to claimant.)

- 4. Treatment details:
- 5. Referred by:
- 6. Location of Practitioner's consulting rooms:
- 7. (a) Was this the nearest practitioner to your appointment location? YES NO
- * (b) If no – give location of nearest relevant practitioner

Approval was granted by: (Departmental Delegate)

*For you to claim benefits under this clause, if a more distant practitioner was consulted, approval is required before the consultation.

TRAVEL DETAILS (FOR LEAVE ENTITLEMENTS)

- | | | | | | | | | | |
|-----|---------------------|---|---------------------|--|----|----|---|---|-------|
| 8. | Date departed home | <input style="width: 100%; height: 20px;" type="text"/> | Time departed | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center; font-size: 8px;">hr</td> <td style="width: 25%; text-align: center; font-size: 8px;">hr</td> <td style="width: 25%; text-align: center; font-size: 8px;">m</td> <td style="width: 25%; text-align: center; font-size: 8px;">m</td> </tr> </table> | hr | hr | m | m | am/pm |
| hr | hr | m | m | | | | | | |
| | | | Time arrived | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center; font-size: 8px;">hr</td> <td style="width: 25%; text-align: center; font-size: 8px;">hr</td> <td style="width: 25%; text-align: center; font-size: 8px;">m</td> <td style="width: 25%; text-align: center; font-size: 8px;">m</td> </tr> </table> | hr | hr | m | m | am/pm |
| hr | hr | m | m | | | | | | |
| 9. | Date of appointment | <input style="width: 100%; height: 20px;" type="text"/> | Time of appointment | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center; font-size: 8px;">hr</td> <td style="width: 25%; text-align: center; font-size: 8px;">hr</td> <td style="width: 25%; text-align: center; font-size: 8px;">m</td> <td style="width: 25%; text-align: center; font-size: 8px;">m</td> </tr> </table> | hr | hr | m | m | am/pm |
| hr | hr | m | m | | | | | | |
| 10. | Date returned home | <input style="width: 100%; height: 20px;" type="text"/> | Time departed | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center; font-size: 8px;">hr</td> <td style="width: 25%; text-align: center; font-size: 8px;">hr</td> <td style="width: 25%; text-align: center; font-size: 8px;">m</td> <td style="width: 25%; text-align: center; font-size: 8px;">m</td> </tr> </table> | hr | hr | m | m | am/pm |
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| | | | Time arrived | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center; font-size: 8px;">hr</td> <td style="width: 25%; text-align: center; font-size: 8px;">hr</td> <td style="width: 25%; text-align: center; font-size: 8px;">m</td> <td style="width: 25%; text-align: center; font-size: 8px;">m</td> </tr> </table> | hr | hr | m | m | am/pm |
| hr | hr | m | m | | | | | | |

IMPORTANT

- 11. Where leave has been taken, Form VL154 must be completed and attached.
- 12. Choose and mark one
 - Expenses incurred for which reimbursement is sought under this clause have been detailed on page one of this form.
 - No reimbursement of expenses will be sought.
- 13. I certify the above information is correct.

Signature of teacher _____

Date / /

GST Codes

| | | |
|------|---------------------|---|
| T10 | Taxable supply | GST of 10% is charged on these purchases. To be reimbursed the total cost including GST, a GST compliant tax invoice (if over \$50) or a GST compliant receipt (if under \$50) needs to be attached. Refer to the tax website www.dete.sa.gov.au/tax for more detail on the requirements for a GST compliant tax invoice and receipt. |
| TFR | GST-free supply | No GST is charged on these purchases as they are specifically identified by legislation as GST free. No documentation is required for GST compliance. |
| TIN | Input taxed supply | No GST is charged on these purchases as they are specifically identified by legislation as Input Taxed Supplies. No documentation is required for GST compliance. |
| T100 | 100% taxable supply | This amount is for invoices for purely GST. Usually an adjustment to a previous invoice, the same rules that apply for GST compliant tax invoices or receipts are relevant. |
| TNA | Tax not applicable | These transactions are “outside the scope” of GST legislation, eg allowances, appropriations. |