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| **Individual seeking payment Master Data form** | 🞎 Vendor 🞎 Customer |
| 🞎 Create 🞎 Change Existing number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Account Group:** 🞎 YGEN (Board members, individual non-carer etc.)🞎 Z181 (Carer, Young person in care) | **Trading Partner:** HOU205 |
| **Industry:** YIND |
| **ICMS** (Z181 only)**:** |

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| **General details** |
| **Full Name**  |  |
| **Address:** |  |
| **City:** |  | **State:** | **Postcode:** |
| **Email address:** |  |
| **Phone:** |  | **Mobile:** |  |
| **Relationship to department/nature of payment** e.g. Individual non-carer, member of public for reimbursement to support accurate assessment. |  |

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| **Bank Details (not required for Customer)** |
| **BSB** |  | **Account number** |  |
| **Account Holder** |  |

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| **Applicant Certification/Authorisation that these details are correct** |
| **Name** |  | **Telephone** |  |
| **Signature** |  | **Date** |  |
| **If the applicant cannot sign, the officer is to state how the information was sourced and verified and sign the Certification.** |

If this is for payment for services provided, rather than reimbursement of costs or entitlements, a Statement by a Supplier is required, and Trading Partner/Industry may vary.

**This form is intended for individuals only.** There is an employee specific internal form. Vendors with an ABN usually provide an invoice or similar on letterhead. If this form is to be used for a vendor with an ABN, please ensure the ABN is included on the form and the applicant signing the form includes their title within the business, this must be an employee or owner of the company not departmental staff.

**Privacy statement**

The Department is collecting your personal information for the purposes of administering the reimbursement of costs process.

Your personal information will be handled in accordance with the Information Privacy Act 2009 (Qld).