

Bundaberg Hospital Commission of Inquiry

STATEMENT OF Terrence Allen FLEMING

I Terrence Allen FLEMING of Bundaberg Base Hospital in the State of Queensland
SWORN:

1. I am a married man, aged 40 years, and I am the Finance Manager at the Bundaberg Base Hospital (the hospital) employed by Queensland Health. I have been a Queensland Health employee for about nineteen (19) years and I have been employed in my present position for a period of about ten (10) years.
2. My role as the Finance Manager at the hospital is mostly preparing budget build-ups, preparation of monthly budget forecasts, managing of hospital assets, Fringe Benefit Tax returns and the preparation of Annual Financial Statements and generally attending to any ad hoc finance queries from Cost Centre Managers and Executives at the hospital. I am also responsible for the supervision of accounts payable and the Finance Section of the hospital.
3. There are certain members on staff at the hospital who have Expenditure Delegations. I am one such person who holds such a delegation and I have the authority to approve up to \$10,000.00 being spent on purchases for hospital related use. Another person who holds a similar Delegation is the hospital manager Mr. Peter LECK, who holds a delegation authorising him to spend up to \$1,000,000.00.
4. On occasions the Manager, Mr. Leck who is an Authorised Expenditure Approval Officer authorises the payment of accounts that I am called upon to countersign as an Authorised Accounting Officer. When both of us have signed the Staff Expenses Claim or a Staff Expense Claim the document is then delivered to the Accounts Payable Section of the hospital and it is then processed in the Accounts Payable System (which is called FAMMIS which means Financial and Materials Management Information System).
5. Once it is entered into FAMMIS a payment run is generated overnight and the funds for the total sum of the Staff Expenses Claim Form are deposited

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Signed: Terrence Allen FLEMING
Deponent

Taken by: W. J. King
Wayne John KING
Solicitor/Barrister/Justice of the Peace/
Commissioner for Declarations

electronically from Head Office in Brisbane into the vendor's/claimant's bank account to settle the Staff Expenses Claim Form.

6. I recall the 01 April ²⁰⁰⁵~~2004~~. Dr. Jayant PATEL, who was then the Director of Surgery at the hospital, came to my office and he produced to me a Claim for Payment (Staff Expenses) form and he told me that it was the end of his term of employment at the hospital and that he was heading back home to Portland in the USA. This was the first time that I was aware that Dr. Patel was returning to his home country and completing his employment with us. He just turned up at my office with the claim form to pay for his return ticket to the USA.
7. I checked the form and I saw that it was for expenses relating to an air fare from Bundaberg to Portland USA with an accommodation portion of the trip also being paid for by the hospital. There was an attached Tax Invoice from Jetset Sunstate Bundaberg which showed the full details of the bookings that the Doctor was utilising to return to Portland and it included overnight accommodation in Brisbane. I saw that it was for the total amount of \$3,547.00.
8. I saw that it had been signed by Doctor Patel and the expenditure had been approved by the District Manager, Mr. Leck, whose signature I was familiar with, had been appended to the authorising section of the document as the Authorised Expenditure Approval Officer. At the time Dr. Patel told me that he had been looking for the Medical Superintendent, Dr. Darren KEATING, to have him sign the claim form as the Authorised Expenditure Approval Officer but that he had been unable to find him and had Mr. Leck sign it. As was my role in this instance I then coded the document with the appropriate account code, tax code and cost centre code and then countersigned it as the Authorised Accounting Officer.
9. The codes inserted in my handwriting on the document were the account code which is 521035 (which is the code for overseas air travel), the tax code PO (this just means a claim for GST), the cost centre code 630325 (which is a code identifying the cost against the Division of Surgery).
10. This document was later sent to Accounts Payable via the Internal Mail system at the hospital and then the procedure that I have outlined previously in this statement took place by the Accounts Payable Department to ensure that the vendor/claimant was paid the amount in the Claim Form. In this instance the amount claimed for was paid direct to an account held by Dr. Patel electronically by FAMMIS. This

Signed: Terrence Allen FLEMING
Deponent

Taken by: Wayne John KING
Solicitor/Barrister/Justice of the Peace/
Commissioner for Declarations

means that the amount was paid electronically from Queensland Health in Brisbane.

11. I believe that the amount in the claim by Dr. Patel had been paid by him to the merchant selling him the travel ticket to Portland USA and that the claim form I had endorsed was now authorising the payment by Queensland Health back to him as a reimbursement. I am able to say that the money was paid direct to Dr. Patel as the claim form is made out in his name and would have been paid into an account that he had previously nominated as being the account into which his fortnightly pay would have been deposited electronically.
12. I had dealt with claim forms of this nature on other occasions when medical staff from the hospital had attended overseas conferences and I had dealt with them in a similar manner where the doctors travelling overseas had made their own travel and accommodation arrangements and had paid for them out of their own pocket and sought reimbursement from Queensland Health in a similar manner to how this claim was settled. Doctors who travel overseas for study travel nearly always make their own travel arrangements as it is convenient for them to do this rather than have our Travel Clerk attend to making the arrangements for them.
13. In my view I did not believe that there was any process taking place out of the norm on this occasion that normally took place when such overseas travel is paid for by an overseas travelling doctor.
14. We have had other overseas trained doctors employed at the hospital who have returned home when their contracts have been completed with us but I do not remember any similar arrangement with regard to their home travel being dealt with in a manner the same as this. I cannot recall how those travel arrangements might have been made but I will make inquiries to determine how these return air fares might have been paid for. It may be that return flights to their home country might not have been part of their employment contract but I will make inquiries to determine what took place on those occasions.
15. The presentation of the claim form by Dr. Patel to me and the payment of it in the manner in which I have outlined did not give me any cause to consider it anything other than a normal claim for expenses that had been authorised by the Manager which was then co-authorised by me and subsequently satisfied in the normal course of business by Queensland Health.

Signed:
Terrence Allen FLEMING
Deponent

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W.J. King
Wayne John KING
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Commissioner for Declarations


16. We have a travel section at the hospital where arrangements are made for travel and accommodation for employees at the hospital when it may be necessary for them to travel away from the hospital. This may also include overseas study travel. What my role in this process is that when an employee is travelling away from the hospital, especially on overseas travel, I will be asked to determine if they have accrued the appropriate time off to allow them to do this. When I have made the calculation I send this information to Dr. Keating, the Director of Medical Services, and then the person travelling will either make their arrangements via the travel section or make their own arrangements. They then come to me to claim reimbursement that they have made in relation to their travel in the manner that I have outlined in this statement. The only other involvement that I may have in their claim is to acquit it after they have returned back to the hospital.

Affidavit SWORN on 14 June 2005

at Bundaberg

in the presence of:

Terrence Allen FLEMING



Deponent

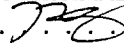
Wayne John KING

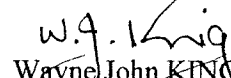


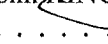
Solicitor/Barrister /Justice of the Peace/
Commissioner for Declarations

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Terrence Allen FLEMING

Signed:  Deponent


Wayne John KING

Taken by: 
Solicitor/Barrister /Justice of the Peace/
Commissioner for Declarations

CLAIM FOR PAYMENT (STAFF EXPENSES)

TO BE COMPLETED BY CLAIMANT

Surname **PATEL** Given names **JAYANT** Position **DIRECTOR OF SURGERY**

Address

1903168538

CLAIM SUMMARY - Details must be completed on the back of this form

	Number of overnight stays	Accommodation	Amount
Travelling Allowance	Number of overnight stays	Incidental allowance	\$
Meal Allowance			
Actual Expenses (attach receipts)	AIR FARE - BUNDABERG TO PORTLAND - include accommodation		

CLAIMANTS CERTIFICATE

I certify that the account claimed above is due and payable to me for the expenses incurred or services rendered as specified above, and that the claim is in accordance with section 34(2) of the Public Service Act 1996, Sections 2.3 and 2.7 of the Industrial Relations Manual and Directives Numbered, 16/99 and 17/99 of the Department of Employment, Training and Industrial Relations.

SUB-TOTAL \$
Less Advance Payment \$
INVOICE AMOUNT \$ **3,547.00**

I am aware that I am not entitled to the full accommodation allowance if I avail myself of accommodation of a category other than a Hotel Motel or Registered Lodging House (this excludes unit accommodation).

I declare that the percentage of the above expenses incurred by me were
.....% applicable for business purposes
(Australian taxation requirement)

Signature **J. Jayant** Date **1.4.05**

TO BE COMPLETED BY ACCOUNTING OFFICER

Vendor number	Last Day of Travel = Invoice number		Invoice date		
203315	1		01/04/05		
GL Account	Amount	Tax Code	Cost Centre	Internal Order	Text
Travel Advance-credit					
1 50 0 4 1					
Expense					
521035	3547	RD	6035		Recruit for Portland USA

Certificate of Authorised Accounting Officer

I certify that this claim complies with the provisions of Financial Management Practice Manual which states:

- (1) the transaction has been approved by an officer having competent authority
- (2) the ledger accounts to be posted are correctly shown
- (3) supporting evidence exists that the payee has satisfactorily performed an approved transaction or that an event under an approved scheme or arrangement has occurred and gives rise to an obligation to pay
- (4) the amount is computed from approved rates and is arithmetically correct
- (5) the obligation to pay has not previously been satisfied
- (6) where payment will be made on or before the due date, the amount shown for payment is net of available discounts

Signature

Date

Name (Print)

Position (Print)

Certificate of Authorised Expenditure Approval Officer

I certify that

- (1) that the charge is one which was necessarily required in the provision of an approved departmental service and is cost justified
- (2) that the itinerary was approved by the appropriate senior officer
- (3) funds are available and voucher is approved

Signature

Date

Name (Print)

Position (Print)

Please attach: 1) Original receipts, 2) the approved travel authorisation, 3) FBT form (if applicable)



For people who are going places.

Jetset Sunstate Bundaberg

167B Bourbong Street

BUNDABERG QLD 4670

Postal Address PO Box 1717

41 522 322 (PH), 41 531 285 (FAX)

email:- sunstatebundv@optusnet.com.au

ABN:- 14 374 141 156

Tax Invoice

1.4.2005.

Dr Jayant Patel,
Bundaberg.

Airfare from Bundaberg to Brisbane one way	\$134.00
Airfare from Brisbane to Los Angeles one way including taxes, fees and charges.	\$3004.00
Airfare from Los Angeles to Portland one way	\$300.00
Accommodation in Brisbane for one night due to no connection.	\$109.00
TOTAL	\$3547.00

Departure on 02 April 2005.

Paid in full.

This 'Tax Invoice' is for GST records only. Please do not pay on this invoice.

Jetset Sunstate Bundaberg

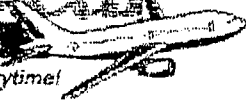
PO Box 1717 BUNDABERG QLD 4670. 41 522 322 (Ph), 41 531 285 (Fax). ABN: 14 374 141 156

Form: FSS30 Vers 5

Best Deal

TRAVEL & TOURS

where you get best deals everytime!



RECEIPT

Received with thanks an amount of \$1265 from Dr Iftikhar Younis towards the payment of one way airfare to Islamabad with Emirates Airlines. Transit hotel will be provided by the airlines for a stay of more than 8 hours in Dubai.

Javed Rahman
Manager

Shop 5A, Calamvale Market Place, 2605 Beaudesert Road, Calamvale QLD 4116
Phone: 3711 6040 Fax: 3711 6141 Email: javed.rahman@bestdealtravel.com.au

BUNDABERG

DISCOUNT FLIGHT SPECIALIST A.C.N. 003 377 188 / A.B.N. 25 003 377 188 Licence No. 9TA00589
PO BOX 341A SUGARLAND SHOPPINGTOWN BUNDABERG 4670. Phone 0741 534422. Fax 0741 534622.

TAX INVOICE

INV NO.: RF45J6

NAME : Dr Iftikhar Younis
PHONE : c/o Bundaberg Base Hospital
DATE : 13 August 2004

DETAILS OF COSTINGS:

Return Economy class airfares
For Dr I Younis
Flying with Qantas on the 01 October

AMOUNT

Price Per Person \$ 127.00

TOTAL	:	\$ 113.03
GST AMOUNT	:	\$ 13.97
TOTAL INVOICE AMOUNT	:	\$ 127.00



1993, 1994 & 1996
TRAVEL AGENCY GROUP
OF THE YEAR

FLIGHT CENTRE guarantee to BEAT any genuine quoted price! 24 Hours a Day, 365 Days a Year!

CLAIM FOR PAYMENT (STAFF EXPENSES)

24/11/04
0.6137

TO BE COMPLETED BY CLAIMANT

Surname O'Neill Given names Dominik Position SI-10
Address 1- BBH 1903029521

CLAIM SUMMARY - Details must be completed on the back of this form				Amount \$ c
Travelling Allowance	Number of overnight stays		Accommodation	\$
	Number of overnight stays		Incidental allowance	\$
Meal Allowance	<u>Reimbursement of air fare</u>			
Actual Expenses (attach receipts)	<u>as per contract 723.60 Euro</u>			
	<u>÷ .6137</u>			<u>\$1179.60</u>

CLAIMANTS CERTIFICATE		SUB-TOTAL \$	
I certify that the account claimed above is due and payable to me for the expenses incurred or services rendered as specified above, and that the claim is in accordance with section 34(2) of the Public Service Act 1996, Sections 2.3 and 2.7 of the Industrial Relations Manual and Directives Numbered. 16/99 and 3/00 of the Department of Employment, Training and Industrial Relations.		Less Advance Payment \$	
I am aware that I am not entitled to the full accommodation allowance if I avail myself of accommodation of a category other than a Hotel Motel or Registered Lodging House (this excludes unit accommodation).		INVOICE AMOUNT \$ <u>1179.10</u>	
I declare that the percentage of the above expenses incurred by me were <u>100%</u> applicable for business (Australian taxation requirement)		Signature <u>[Signature]</u> Date <u>24/11/04</u>	

TO BE COMPLETED BY ACCOUNTING OFFICER

Vendor number	Last Day of Travel = Invoice number	Invoice date
<u>329792</u>		
GL Account	Amount	Tax Code
<u>150041</u>	<u>0.00</u>	<u>P9</u>
Expense	Cost Centre	Internal Order
<u>321035</u>	<u>830300</u>	
Text		
<u>Recruit - Switzerland</u>		

Certificate of Authorised Accounting Officer

I certify that this claim complies with the provisions of Financial Management Practice Manual which states:

- (1) the transaction has been approved by an officer having competent authority
- (2) the ledger accounts to be posted are correctly shown
- (3) supporting evidence exists that the payee has satisfactorily performed an approved transaction or that an event under an approved scheme or arrangement has occurred and gives rise to an obligation to pay
- (4) the amount is computed from approved rates and is arithmetically correct
- (5) the obligation to pay has not previously been satisfied
- (6) where payment will be made on or before the due date, the amount shown for payment is net of available discounts

Signature [Signature] Date 24/11/04 Name (Print) J. Fleming Position (Print) Finance Manager

Certificate of Authorised Expenditure Approval Officer

I certify that

- (1) that the charge is one which was necessarily required in the provision of an approved departmental service and is cost justified
- (2) that the itinerary was approved by the appropriate senior officer
- (3) funds are available and voucher is approved

Signature [Signature] Date 24/11/04 Name (Print) Dr D Keating Position (Print) Director of Medical Services

Please attach: 1) Original receipts, 2) the approved travel authorisation, 3) FBT form (if applicable)

Dr Darren Keating
Director of Medical Services
Base Hospital
Bundaberg

RE: Reimbursment of travel expenses

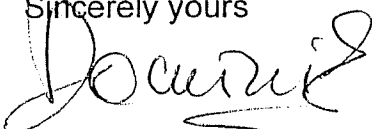
I am hereby kindly asking for reimbursement of my expenses for my last year flight from Europe to Australia as it has been offered in my contract (copy attached) 722.61 €

I enclosed a confirmation of payment from my bank. The price for the one way flight was 953.5. Euro (= approx 1500 AUD).

For any further information please do not hesitate to contact me

Thank you

Sincerely yours


Dominik O'Neill

Bundaberg 17.11.04

Attachments:

- confirmation of payment
- flight ticket
- copy of contract

Baloise Service Line

Amihausplatz 4, 4502 Solothurn
Telefon 0848 800 806
Telefax 032 623 36 92
Internet www.baloise.ch

12.05.2004/BSL/E.Sartori/rm
032 626 03 75
serviceline-bank@baloise.ch

Confirmation of payment

Dear Mr. O'Neill

We confirm your payment from 12 november 2003.

Details of payment:

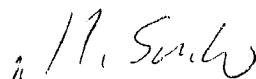
- Total
- Beneficiary customer

- Bank
- Account no.

EUR 723.60
TRAVISTA GmbH
Kiebitzweg 2,
DE – 22869 Schenefeld
Sparkasse Aschaffenburg-Alzenau
45 559

Yours faithfully

Baloise Bank SoBa


Martin Schaffner


Eveline Sartori

Department of Medical Services
Bundaberg Health Service District
Bundaberg Base Hospital
PO Box 34
BUNDABERG 4670



Queensland
Government

Telephone No: 4150 2210
Fax No: 4150 2029

Queensland Health

11 April 2003

Dr Dominik O'Neill
Lerchenweg 6
CH-4553 Subingen
SWITZERLAND (CH) EUROPE

See page (3)

Dear Dr O'Neill

I have pleasure in confirming the offer of the Temporary Full Time position of Senior House Officer with the Bundaberg Health Service District. It is agreed you will commence duties from 19 January 2004 for a 12 month period.

You will be employed under the provisions of the Senior Medical Officers' and Resident Medical Officers' Award State. A brief summary of the major conditions of this award and additional information that will be of interest to you are as follows:

- Hours of Work:** * 80 hours per fortnight (base).
* on-call as rostered.
- Recreation Leave:** 25 days per annum.
- Sick Leave:** 10 days per annum. Sick leave is cumulative.
- Long Service Leave:** An employee who completes 10 years continuous and meritorious service shall be entitled to long service leave at the rate of 1.3 weeks on full salary for each year of continuous service and a proportionate amount for an incomplete year of service.
- Employment Declaration:** The Australian Taxation Department requires the completion of an *Employment Declaration form*. Please complete the enclosed form and return it on or by the first day of employment to the Division of Medical Services.
- Recognition of Previous Service:** It is your responsibility to provide full documentation of previous service for salary and leave purposes. Please complete the enclosed *Staff Appointment form* and return to the Division of Medical Services.
- Method of Payment:** Facilities are available for the direct deposit of salary to the major banks and most building societies. It is a requirement that all staff have their salary deposited direct to a financial institution. It will therefore be necessary for you to complete the attached *Banking Details form* and return it no later than your first day of employment to the Division of Medical Services.

Position Description:

Prior to commencing duties all employees are required to sign a current Position Description for their position. It will therefore be necessary for you to complete the attached *Position Description form* and return it to the Division of Medical Services.

Acceptance of Job Offer:

If you are in agreement with employment under the conditions found in this Job Offer, please sign the enclosed *Job Acceptance form* and return it to the Division of Medical Services.

Equal Employment Opportunity:

As an Equal Employment Opportunity (EEO) employer, the Health Service seeks relevant information from new employees relating to EEO. It would be appreciated if you could complete the attached *EEO form* and return it to the Division of Medical Services. All information will be dealt with in the strictest of confidence. A separate envelope is provided in which to place this form.

Superannuation:

Permanent and temporary employees have an Accumulation account opened for them. Employee contributions are commenced at the standard level of 5% and you automatically receive the higher level of 12.75% employer contribution. This is arranged through the State Government employee superannuation fund, QSuper who are notified on the commencement of your employment.

Should you not wish to contribute at this rate, you can elect to reduce your contribution down and receive the corresponding lower level of employer subsidy. Income protection cover is automatically provided, with the premium charged as a percentage of salary based on age. You also automatically receive four units of death and total and permanent disability cover, which costs \$1 per unit/week.

You will be sent a welcome package from QSuper outlining the conditions of your account. The package will also discuss other options available to yourself.

Identification Cards:

Identification cards with photos are provided to all Bundaberg Health Service District staff. New employees should make arrangements through their supervisor for the production of their card.

Orientation:

All new employees should discuss their orientation program with their Supervisor. The job offer has been developed to provide general information.

**Confidentiality/
Code of Conduct:**

In the course of their work, Health Service staff come in contact with information that must be kept confidential at all times. All employees are reminded that irresponsible discussion of any matters regarding the Health Service facilities, staff and most importantly the patients is regarded as an offence.

Please find enclosed a copy of the Queensland Health Code of Conduct and Bundaberg Health Service District Confidentiality Policy for your information, and the Bundaberg Health Service District Confidentiality Agreement.

Please sign the *Confidentiality Agreement* and return same to Division of Medical Services within 5 working days.

Transfer/Relocation Expenses:

You will be reimbursed, on the completion of 52 weeks of service, for a single economy air fare (or 50% of a return economy air fare).

The actual receipt must be provided. The amount printed on the air ticket is NOT a receipt.

On commencement at the hospital you will be reimbursed for costs associated with temporary residence visa application, i.e. chest x-ray/medical, police clearance certificate, visa application fee, Certificate of Good Standing (but not the cost of Medical Board registration in Queensland). Travel from Brisbane to Bundaberg will be reimbursed on your arrival, including one night's stop-over in Brisbane. **Receipts must be provided.**

Termination:

You may terminate your employment by giving three (3) months notice or by the forfeiture of 90 days salary as the case may be.

Location:


Your employment is subject to your willingness to work at any of the facilities of the Bundaberg Health Service District.

Private Property Loss or Damage:

No liability will be accepted by the Bundaberg District Health Service for damages sustained to private motor vehicles while being driven or parked on Health Service property; or loss or damage, including loss or damage by fire or theft, to private property or personal effects which are being used or stored in premises or accommodations owned or used by the Bundaberg Health Service District

I would like to offer my congratulations on your appointment and hope that your work with the Bundaberg Health Service District will be both beneficial and rewarding.

Yours sincerely


Dr Kees Nydam
A/Director of Medical Services
Bundaberg Health Service District

Enc: Commencement Details Form *
Tax File Number Declaration Form *
EEO Details Form *
Position Description
Position Description Form *
Application Form for Provider Number *
Vaccination Form *
Qsuper Superannuation Form *
Bundaberg Health Service District Confidentiality Policy &
Confidentiality Agreement
Queensland Health Code of Conduct

✓
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✓

P.S. Please return all above completed forms (marked *) to Lyn, Secretary to Director of Medical Services, within one week of commencing work

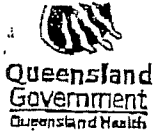
THIS TICKET IS NOT VALID AND WILL NOT BE ACCEPTED FOR CARRIAGE UNLESS PURCHASED FROM THE ISSUING CARRIER

20-MAY-2005 FRI 15:58

B' BERG HUMAN RES MANAGEM
0741502039

FAX NO. 0741502039

P. 58/59



CLAIM FOR PAYMENT (STAFF EXPENSES)

TO BE COMPLETED BY CLAIMANT		
Surname PATEL	Given names JAYANT	Position DIRECTOR OF SURGERY
Address		

CLAIM SUMMARY - Details must be completed on the back of this form

	Number of overnight stays	Accommodation	Incidental allowance	Amount
Travelling Allowance	Number of overnight stays			
Meal Allowance				
Actual Expenses (attach receipts)	AIR FARE - BUNDABERG TO PORTLAND - Including accommodation			

CLAIMANTS CERTIFICATE

I certify that the account claimed above is due and payable to me for the expenses incurred or services rendered as specified above, and that the claim is in accordance with section 34(2) of the Public Service Act 1998, Sections 2.3 and 2.7 of the Industrial Relations Manual and Directives Numbered, 18/98 and 17/98 of the Department of Employment, Training and Industrial Relations.

SUB-TOTAL	\$	
Less advance payment	\$	
INVOICE AMOUNT	\$	3,547.00

I am aware that I am not entitled to the full accommodation allowance if I avail myself of accommodation other than a Hotel Motel or Registered Lodging House (this excludes unit accommodation).
I declare that the percentage of the above expenses incurred by me were
.....% applicable for business purposes
(Australian taxation requirement)

Signature **J. Fleming** Date **1.4.05**

TO BE COMPLETED BY ACCOUNTING OFFICER

Vendor number 010405	Last Day of Travel = Invoice number 01/04/05	Invoice date 01/04/05
GL Account Travel Advance-credit 1 501 041	Amount 3547	Cost Centre 6025
Expense 01035	Internal Order	Text Reimburse Portland USA

Certificate of Authorised Accounting Officer

I certify that this claim complies with the provisions of Financial Management Practice Manual which states:

- (1) the transaction has been approved by an officer having competent authority
- (2) the ledger accounts to be posted are correctly shown
- (3) supporting evidence exists that the payee has satisfactorily performed an approved transaction or that an event under an approved scheme or arrangement has occurred and gives rise to an obligation to pay
- (4) the amount is computed from approved rates and is arithmetically correct
- (5) the obligation to pay has not previously been satisfied
- (6) where payment will be made on or before the due date, the amount shown for payment is net of available discounts

Signature **J. Fleming**Date **1/4/05**Name (Print) **J. Fleming**Position (Print) **Finance Manager**

Certificate of Authorised Expenditure Approval Officer

I certify that

- (1) that the charge is one which was necessarily required in the provision of an approved departmental service and is a cost justified
- (2) that the expenditure was approved by the appropriate senior officer
- (3) funds are available and voucher is approved

Signature **Rose Vella**Date **1/4/05**Name (Print) **Rose Vella**Position (Print) **Director Manager**

Please attach: 1) Original receipts, 2) the approved travel authorisation, 3) FBT form (if applicable)