**Employee Name:** \_\_\_\_\_\_\_\_\_\_\_ **Fortnight ending - Friday**: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

* You may claim an allowance for the use of your personal mobile phone only.
* You should always use the client’s telephone when it is available and appropriate to do so.
* You will be reimbursed at a rate of 0.40c per shift.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Shift Time** | **Client Name** | **Mobile Number** | Reason |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **OFFICE USE ONLY** |
| **SOUTH QLD** |
| **Dept Name** | Dept Code |  |
| PSP | 305 |  |
| Fee for service | 310 |  |
| Veterans H.C. | 315 |  |
| SCIR 05/07 | 320 |  |
| SCIR 07/08 | 322 |  |
| HSN - FS | 30 |  |
| HSN - MP | 331 |  |
| HSN - MA | 332 |  |
| KL | 333 |  |
| HSN - MB | 334 |  |
| HSN - TH | 336 |  |
| **NORTH QLD** |
| PSP | 505 |  |
| Fee for service | 510 |  |
| SCIR 05/07 | 520 |  |
| SCIR 07/08 | 522 |  |

 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| I confirm that the above statements are true and correct. **Employee Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**NB:** This form is subject to regular auditing against the incoming telephone record |