DEPARTMENT OF FIRE AND EMERGENCY SERVICES

FORM: FIN-034

VOLUNTEER CLAIM FOR EXPENSES TO ATTEND THE 2026 WAFES CONFERENCE

Please complete all sections of the form and return it to eventsandawards@dfes.wa.gov.au for approval

Name of Volunteer [Supplier] *(Full name in Capital Letters)*	**Address of Volunteer [Supplier]** *(Write full address in Capital Letters)*
Name of Bank & Branch	**BSB No. & Account No.**
Bank: _____ **Branch:** _____	**BSB No.:** _____ **Account No.:** _____
Service *(Please Tick)*	**Brigade/ Unit/ Committee Name**
☐ **VFRS** ☐ **VBFB** ☐ **SES** ☐ **Committee** ☐ **VMRS** ☐ **VFES**	

NOTE:

Payment is strictly by direct credit to the claimant's bank account. Failure to provide bank details would result in processing delay.

STATEMENT BY SUPPLIER

This statement should be completed by volunteers when not quoting an Australian Business Number (ABN) when making a claim. Under the 'Pay As You Go' legislation and guidelines provided by the Australian Taxation Office, I provide DFES with a written statement that the supply (i.e. travel) that had been made to DFES is in the course of attendance at a DFES approved/ required volunteer training course, operations or meetings. The Supply was made in my capacity as an individual volunteer and in the course of an activity that I have no reasonable expectation of profit or gain from. In these circumstances I do not meet the definition of an enterprise for tax purposes. Therefore I am not quoting DFES an ABN. DFES should not withhold an amount from the payment that is made to me for supply. I agree to advise DFES in writing if circumstances change to the extent that this statement becomes invalid.

Signature of Supplier (Volunteer) _____ **Date:** _____ **Phone No.** _____

[I understand that it is an offence to make a false or misleading claim] **Email:** _____

I request payment for expenses incurred on official business on the occasion of [state nature of business]:

_____

(eg. (Attended the 2026 WAFES Conference in Perth)

CAR Rego. No.	**Date of Travel Expense/Accomodation**		**Travel or Expense Details**		**Engine** *(Capacity CC)*	**Rate** *(cents/km)* **Expenses**	**Distance Travelled** *(Km)*	**Total Claimed $**
			From	**To**				
							Sub-total	

Parking*		
Meals*		
Accom		

Please attach itemised tax receipts	**Total**	

Please note : Keep a copy of the completed Claim Form including all tax invoices/receipts for your personal taxation records.

*Please refer to the 2026 WAFES Conference terms and conditions for mileage and parking caps and eligible meal claims

Office Use Only - Approval must be completed by Manager Sponsorship, Awards and Events

"I certify that this account is correct in respect of the requirements of TI 5(1)"

Approved: **Yes / No**

Amount: $ _____

Name: **Libby Sadler**

Position Title: **Manager Sponsorship, Awards and Events**

Signature: _____

Date: _____

Account Code: 3003 / 234 / 10 / 1552

Forward completed form and tax receipts to: **eventsandawards@dfes.wa.gov.au**
Events and Promotions Officer, Media and Corporate Communications
20 Stockton Bend, Cockburn Central WA 6164.