How to complete the Electronic Consumer Sitting Fee and Reimbursement Claim Form

Electronic signatures

Using an electronic signature (also known as an eSignature), makes it easier to sign the new Consumer Reimbursement Claim Form. It also helps streamline your payment.

It is faster, as you no longer need to print the claim form out, physically sign, scan and send it back. You just need to create your eSignature once, and then add it to your future claims.

Making an eSignature is easy to do.

There are a few different ways to [create your eSignature](#).

These include:

- **Draw your signature using your finger or a stylus:** If you have a touchscreen, use your finger to create an eSignature by signing on a mobile device or tablet.

- **Upload an image of your signature:** Use your phone or camera to take a picture of your paper signature.

- **Use your cursor to draw your signature:** Use your mouse or touchpad; drag your cursor along the signature line to create a unique eSignature.

- **Use your keyboard to type in your signature:** This is the easiest way to create your eSignature. Once you've typed your name, select a font that best matches your paper signature.

- **Use a scanner:** Scan your hand written signature and save it as a .jpg or .png file.

Consumer to complete:

B — Consumer, carer, consumer representative details

1 **Name**

2 **Contact number**

3 **Email address**

Address

Section B: Enter the following details:

> Name
> Contact number
> Email address
> Address (Item 1 – 3).

C — Meeting or consumer activity details

4 **Name of committee, working group, workshop, activity**
(One form completed for each activity)

5 **Location of meeting(s)**
(If required, for group administration records)

6 **Meeting or consumer activity date(s)**

Section C: Enter the following details:
> Name of committee, working group, workshop and/or type of activity
> Location of the meeting (address)
> Meeting or activity date (Item 4 – 6).

D — Sitting Fees

7 **Sitting fee**

Hours attended	Rate	Subtotal
	X $ 35 =	

8 **Preparation time**

Hours	Rate	Subtotal
	X $ 35 =	

9 **Total Sitting Fees**
Sum of subtotals in Q7, Q8   0.00
hide / unhide

Section D: Sitting Fees
> Enter the hours attended, i.e. 1 or 1.5 for sitting fees and preparation time (Item 7 – 8)

*The rates are pre-populated and the form will total the amount automatically.

E — Reimbursement (GST Inclusive amounts)

10 **Are travel expenses being claimed?**

No ▶ Go to **question 12**

Yes ✓ ▶ Complete details below

Items may be totalled – eg total car park fees.

SELECT "YES" to claim

SELECT "TRAVEL EXPENSE" ie mileage, car parking etc

Mileage ✓

Total Distance (km)	Rate in dollars**	Subtotal
	X $	= $

** as agreed - refer to meeting coordinator if unsure.

Car parking ☐ *Attach receipt(s).* $

**Mileage rates:
Vehicle: $1.08/km
Motorcycle/scooter: $0.43/km
Refer to Determination 3.2

Bus/Train ☐ $

Taxi ☐ *Attach receipt(s).* $

Air fare ☐ *Economy class only. Attach receipt(s).* $

hide / unhide

11 **Total travel expense**
Sum of items in Q10   0.00

Section E: Reimbursements
(Item 10 – 12)

> If claiming, select "Yes" followed by clicking expenses being claimed
> Select "Mileage" – enter kms and rate
> Select "Car parking" – enter amount
> Select "Bus / Train" – enter amount
> Select "Taxi" – enter amount
> Select "Air fare" – enter amount

*The total will be populated automatically.

---

12 **Are other expenses being claimed?**
Receipt(s) must be attached.

No ▶ Go to **question 14**

Yes ▶ Complete details below

Child care ☐ $

Once you have selected "Yes", select the expense you wish to claim (child care, respite etc)

Respite care ☐ $

Accommodation ☐ $

hide / unhide

13 **Total other expenses**
Sum items in Q12   0.00

14 **Grand Total**
Sum totals Q9, Q11 & Q13   0.00

Other expenses (Item 12 – 13)

> If claiming, select "Yes" followed by clicking expenses being claimed
> Select "Child care" – enter amount
> Select "Respite care" – enter amount
> Select "Accommodation" – enter amount

Section F: Banking details, supplier statement and certification (Item 15 – 17)

> Banking details – only complete banking details if they have changed since your last claim.

> Select the most appropriate statement that applies to you

Claimant Certification – Follow instructions below on how to insert your eSignature.

How to insert your eSignature
Option 1

Click on the **Signature icon**. Locate your eSignature (that you created in the previous step) and click **ok.**

Option 2

Select **Browse** to locate your eSignature (that you created in the previous step) and click **ok**.

Enter the date you are completing the claim form.

Save the claim form and once complete **email** it and receipts to your Local Health Network representative to authorise and process on your behalf.

For more information

SA Health, Safety and Quality
Telephone: 8226 2567
www.sahealth.sa.gov.au/safetyandquality

Government of South Australia
SA Health