

***MAC CHAIR / MEMBER***

***DAILY SITTING FEES CLAIM FORM***

**Please Note: Travel expenses for airfares, mileage, taxis, accommodation and meals are claimed separately on the Claim for Expenses form.**

***DETAILS OF MEMBER***

Name …………………………………..............………………. Phone No……………………… Address………………………………………………………………………………………………

***DETAILS OF MEETING***

Name of Committee……………………………………….…… Meeting place…..……………… Meeting date……………………………………………….……. Meeting time…….…………….

***DAILY FEE PAYMENT CLAIM***

(*MAC Chairs can claim $800 per day MAC Members can claim $600 per day*)

I am submitting the following claim for payments at a daily fee of $..............................

|  |  |  |
| --- | --- | --- |
| ***e.g.***  | ***…3.../days @ $600/day for MAC meeting attendance***  | ***$1,800.00……..…***  |
|  | ………days @ $…………….per day for……………….  | $…………………  |
|  | ………days @ $…………….per day for ………………  | $…………………  |
|  | ………days @ $…………….per day for…….…………  | $…………………  |
|  | ………days @ $…………… per day for ………………  | $…………………  |
|  | **TOTAL**  | $  |
|  |  |  |
|  |  |  |

**SIGNED (by member)………………………………Print Name & Date……………………………….....**

**Attendance Verified By……………………………………………………………………………………….**

**PGPA Section 23(3) Approval…………………………………………………………………………**

**Print name, Date & APS Level…………………………………..............................................................**