



Claim for Payment – Part-Time Members General & Other Divisions

Name _____ Month _____ Year _____ Registry _____

Date	File No.	File Name	Presiding Member? Yes/No	ADR / Hearings		Other Business		
				Hrs:Mins	DRs use	Description	Hrs:Mins	DRs use

_____/_____/_____
Signature of Member

_____/_____/_____
Signature & Name - Certified by District Registrar in accordance with the relevant Remuneration Tribunal 'Judicial and Related Offices – Remuneration and Allowances' Determination and the 'AAT Guidelines Relating to the Payment of Daily Fees to Part-Time Members



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Cancellation Fees

Name _____ Month _____ Year _____ Registry _____

Table with 6 columns: File No., File Name, Presiding Member? Yes/No, Date of hearing, Date & time notified of cancellation, DRs Use. Contains 10 empty rows.

_____/____/____
Signature of Member

_____/____/____
Signature & Name - Certified by District Registrar in accordance with the relevant Remuneration Tribunal 'Judicial and Related Offices - Remuneration and Allowances' Determination and the 'AAT Guidelines Relating to the Payment of Daily Fees to Part-Time Members

Additional comments

Empty rectangular box for additional comments.