**CONSUMER REMUNERATION  
  
CONSUMER NAME:**

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| **Program and activity** | **Date** | **Level of Engagement**  **(Consulting, Involving, Partnership, Consumer-led)** | **Hours** | **VCCC sign**  **(pre-)** | **VCCC sign (post-)** | **Accept payment\***  **(Y/N)** | **Amount** | **Code** (office use only) |
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| **TOTAL (incl additional pages if applicable)** | | | | | | |  |  |

Consumer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

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Print

**Reimbursement bank details (if not previously provided):**

Account Name:

BSB: Account No.:

\*Consumers may prefer not to receive payment for an activity. This option is to acknowledge and record the right to choose.

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| **Program and activity** | **Date** | **Level of Engagement**  **(Consulting, Involving, Partnership, Consumer-led)** | **Hours** | **VCCC sign**  **(pre-)** | **VCCC sign (post-)** | **Accept payment\***  **(Y/N)** | **Amount** | **Code** (office use only) |
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| **TOTAL (incl additional pages if applicable)** | | | | | | |  |  |

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