



LPG Certified Skill Assessor INCOME AND EXPENSE REPORT ¹



Notes: One Report Per Assessment
 Please Complete All Information
 email to: LPGCertification@alpga.asn.au along with the completed and signed Skill Assessment Checklist

Please Issue Payment To: _____

Address: _____

ABN (if appropriate): _____

TRAVEL EXPENSES	Date	Date	Date	Date	Date	Date	Total	GST included in total	Account ²
Airfare									
Distance Driven @ \$0.74/km									
Other Transportation (train/taxis)									
Parking/Tolls									
Rental of Automobile/Fuel									
International Visa									
Accommodation									
Meals									
Telephone/Fax									
Postage/Express									
Other									
Subtotal									
FEES CHARGED (at published rates)									
Skill Assessment Fee									
GRAND TOTAL									

² RABQSA OFFICE USE ONLY

Skill Assessor Signature _____

Details of the person who's skill was assessed:

Name: _____

Assessors Banking Details:

Bank name: _____

Employer's Company Name: _____

BSB: _____

Location of the Skill Assessment (address): _____

Account Name: _____

City, State, Postcode: _____

Account Number: _____

RABQSA OFFICE USE ONLY

RABQSA Administrative Approval _____

RABQSA Manager Approval _____

¹ Completing this form in no way implies any immediate or future contractual ties with RABQSA.