**Welcome**

Thank you for accepting an invitation to contribute to the work of WA Primary Health Alliance. This engagement falls within the scope of our Paid Participation Policy, and we are pleased to offer you payment in recognition of your work with us.

Please return the following forms to WAPHA at the earliest opportunity.

WAPHA cannot make payment to you without this information.

**Getting started**

Please complete and return the following required forms as soon as possible after you receive them.

You should be sent printed copies with a reply-paid envelope from the person leading the engagement at WAPHA, or can download and print them yourself from <https://www.wapha.org.au/stakeholders/stakeholder-engagement/>

**Required forms:**

1. **WAPHA New Details Form for Contractors**

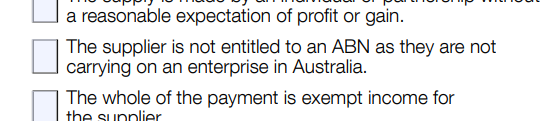
This gives WAPHA the information needed to make payment through the WAPHA finance, human resources and contracting system.

If you **do not have an ABN** you also need to complete:

1. **Statement by a Supplier Form**

This is the form for contractors to submit to WAPHA if they do not have an ABN.

If you are completing this form you should select ‘The supplier is not entitled to an ABN as they are not carrying on an enterprise in Australia’:





If an invoice is received without an ABN and WAPHA has not received a completed Statement by Supplier Form, an amount of 46.5% will be withheld from the payment amount.

**Receiving Payment**

After each engagement with us, for example after every reference group meeting, you need to send us an invoice.

Your invoice must:

* be addressed to WA Primary Health Alliance
* be marked for attention to the name of the WAPHA staff member you are working with

and include the following information:

* invoice number and date
* Purchase order number – you will be given this by the WAPHA staff member you are working with
* Contact details of person requesting payment - name, address, phone and email
* Nominated bank account details for payment – Bank name, branch, BSB, account number and account name
* Name, date, total time of the engagement activity
* Total number of hours requesting payment

If you have them, then it should also include:

* your business name
* your ABN
* your GST registration details

Your invoice should look similar to the sample invoice on the next page.

Example of an invoice to help you create your own:

**TAX INVOICE**

**Invoice #** 4650

**Date**: 1 May 2021

**To:** J Jones – Stakeholder Engagement Officer

*(contact* WA Primary Health Alliance

*At WAPHA)* 2/1 Hood Street

Subiaco

**From:** H Brown

*(your details)* 5, Red Lane

Armadale

0478302961

**Purchase**

**Order #** 00078543 *(ask your contact at WAPHA for this number)*

**Description:** 2 hours participation in Chronic Conditions Reference Group

on Monday 3 April 2021

**Payment rate:** $37.50 per hour

**Total:**  $75

**Payment to:** People’s Bank

High Street Branch

BSB 078-576

Account 8972524

WAPHA is unable to process payments where stakeholder payment details and invoice are received more than 6 months after the engagement is complete.

If you need more information or support at any stage of engaging with WAPHA, please contact the WAPHA lead you are working directly with, or the Stakeholder Engagement Team via [stakeholder.engagement@wapha.org.au](mailto:stakeholder.engagement@wapha.org.au)