

WEST MORETON HOSPITAL & HEALTH SERVICE REPORTABLE GIFTS & BENEFITS REGISTER

Year: 2020 - 21
For the Quarter: 2) Oct to December

Date Given or Received	Description of Gift or Benefit	Value (Excl. GST)	Name of Donor * (include name of organisation if applicable)	Name of Recipient	Gifts Received: a) Retained by Individual; or b) Retained by WMHHS	Reasons for Accepting or Giving (what is the benefit to the Qld community?)
			Nil			

Purpose: This register shows gifts and benefits valued at more than \$150 that have been given and received by WMHHS and its employees. This may include multiple gifts or benefits where their total value exceeds \$150 per person in the financial year. The register is updated each quarter.

Endorsed by : Signature kept on file _____

Date: _____

Name : Kerrie Freeman
Position : Health Service Chief Executive
Must be approved by the CEO / DDG or equivalent