



CYSTIC FIBROSIS QUEENSLAND INC.

ABN: 97 010 549 667 (DGR Endorsed)

**Physical Activity Subsidy (PAS)
and Parking Request Form**

07 3359 8000

FREECALL: 1800 670 990

Cystic Fibrosis Queensland offers a subsidy each calendar year towards reimbursement of physical activity and parking expenses

- Applicant must be a current Queensland member of Cystic Fibrosis Queensland and have a diagnosis of Cystic Fibrosis
- A complete application form must be provided along with evidence of the expense being claimed
- PAS claims meeting the criteria are eligible for a maximum \$150.00 allocation per annum
- Parking claims meeting the criteria are eligible for a maximum \$50.00 allocation per annum
- We appreciate claimants making every effort to apply for both claims on the one Request Form

Section 1: Applicant Details	
Client Name:	
Date of Birth:	/ /
Parent/Guardian Name (if under 18):	
Address: No. and Street	
Suburb State Postcode	
Preferred phone number Landline <input type="checkbox"/> OR Mobile <input type="checkbox"/>	Ph Number:
Email	
I am a current member of Cystic Fibrosis Queensland (<i>check box</i>) Yes / No / Unsure	
If No/Unsure; I give CFQ permission to deduct the membership fee from my PAS Claim. <input type="checkbox"/> (A CFQ Team member will be in touch to obtain Membership Details)	
Section 2: Claim details	
a) Physical Activity Subsidy	
Item purchased:	
Total cost: \$	Total claim: \$
Date of purchase:	Evidence of expense/Receipt attached: <input type="checkbox"/>
b) Parking	
Location of Parking:	
Total cost: \$	Total claim: \$
Date of parking:	Evidence of expense/Receipt attached: <input type="checkbox"/> <i>*Receipts must contain parking station identification</i>
Section 3: Reimbursement Details**	
** Allow 2 – 4 weeks for processing	
Total Amount of Claim: \$	
Bank:	BSB:
Account No.:	Account Name: