



FAMMIS Vendor Setup Form

All fields are to be completed; insert n/a if appropriate

Reset Form

Print Form

This form must be completed in accordance with the guidelines, available at: http://qheps.health.qld.gov.au/fammis/service/forms/vendor_how-to.pdf

HHS/DoH Business Unit **Cairns & Hinterland** Work Unit **ALLIED HEALTH MEDICAL - ATHERTON**

Vendor Type **Patient Travel** Action **New**

Vendor Details

First Name Middle Initial Surname

Date of Birth Phone Number Mobile

Address

Address

Suburb State Post Code

PO Box No Suburb State Post Code

Email

Bank Account Details

BSB Number Acct Number

Account Holder Name

Patient Signature

Witness to Patient Signature

Signature required by Patient

Name:

Position / Relationship:

This section completed by Queensland Health representatives only

Requesting Officer - HHS or DoH
I certify the above details are correct and in accordance with Queensland Health policy.

Approving Officer - HHS or DoH
The Approving Officer **MUST** be at a more senior level than the Requesting Officer and **MUST** be an AOS or above. The information on this form has been checked, is correct and confirms this vendor is required as per Queensland Health policy.

Vendor Master Data Use Only

Entered in accordance with Queensland Health policy under my FAMMIS user id:

Received:

Validated by (insert stamp):

Signature
Name

Patient Travel Officer
Position Title (e.g. Business Support Officer)

A03
Classification (e.g. AO4)

Allied Health Medical - Atherton
Unit

07 - 4091 0234
Phone Date

Signature
Name

DON & Midwifery/Facility Manager
Position Title (e.g. Business Manager)

NG102
Classification (e.g. AOS or above)

Nursing Administration
Unit

07 - 4091 0287
Phone Date