Kill payed for Ang. Sept 2021.

DATE: 11-Nov-2021 **PAGE:** 1 OF 1

ALL COMMUNICATIONS TO BE ADDRESSED TO:

Phone: 1300 883 962

Email: hsnsw-vmoprocessing@health.nsw.gov.au

Sydney Local Health District ABN 17 520 269 052

Sydney Local Health District

REMITTANCE ADVICE

Heyworth Karley - VMO 1/17 Lauderdale Avenue FAIRLIGHT 2094

EFT NO:

5265866

DATE:

11-Nov-2021

VENDOR NUMBER:

745541

EFT AMOUNT:

\$ 10,692.91

INVOICE NO.	INVOICE DATE	DESCRIPTION	DISCOUNT	NET
902418V0001N	30-Oct-2021	VMO PAYMENT FROM - VMONEY	0.00	8,812.20
902418V0004N	30-Oct-2021	VMO PAYMENT FROM - VMONEY	0.00	-4,141.73
902419V0001N	30-Oct-2021	VMO PAYMENT FROM - VMONEY	0.00	11,363.10
902419V0004N	30-Oct-2021	VMO PAYMENT FROM - VMONEY	0.00	-5,340.66
			TOTA	L: \$ 10,692.91

DATE: 11-Nov-2021 **PAGE: 1 OF 2**

ALL COMMUNICATIONS TO BE ADDRESSED TO:

Phone: 1300 883 962

Email: hsnsw-vmoprocessing@health.nsw.gov.au

Sydney Local Health District ABN 17 520 269 052

Sydney Local Health District

PAYMENT ADVICE

VENDOR NUMBER: 745541

CLAIM NUMBER:

902418V

VMO:

Heyworth Karley

COMPANY:

FACILITY: EMAIL:

ROYAL PRINCE ALFRED HOSPITAL

karleyheyworth@yahoo.com.au

FAX:

TIME SH	EET	902418V					
RATE	P.P. LOADING	RESP CENTRE	DESCRIPTION	HOURS	AMOUNT (\$)	MONTH	PAID
202.70	29.20	450189 Vaccination Prog Olympic Park	Routine	38.000	8,812.20	08/2021	
			Withholding Tax		-4,141.73	08/2021	
					4,670.47		
			Heyworth Superannuation Fund		770.26	08/2021	
					770.26		
			TOTAL PAYMENT FOR Heyworth Karley		4,670.47		
			TOTAL G.S.T FOR Heyworth Karley		0.00		

The recipient and the supplier declare that this agreement applies to supplies to which this tax invoice relates. The recipient can issue tax invoices in respect of these supplies. The supplier will not issue tax invoices in respect of these supplies. The supplier acknowledges that it is registered for GST and that it will notify the recipient if it ceases to be registered. Acceptance of this RCTI constitutes acceptance of the terms of this written agreement.

Both parties to this supply agree that they are parties to an RCTI agreement. The supplier agrees to notify the recipient if the supplier does not wish to accept the proposed agreement within 21 days of receiving this document.

Page 2 of 5

DATE: 11-Nov-2021 **PAGE:** 2 OF 2

ALL COMMUNICATIONS TO BE ADDRESSED TO:

Phone: 1300 883 962

Email: hsnsw-vmoprocessing@health.nsw.gov.au

Sydney Local Health District ABN 17 520 269 052

Sydney Local Health District

PAYMENT ADVICE

VENDOR NUMBER:

745541

CLAIM NUMBER:

902419V

VMO:

Heyworth Karley

COMPANY:

FACILITY:

ROYAL PRINCE ALFRED HOSPITAL

EMAIL:

karleyheyworth@yahoo.com.au

FAX:

RATE	P.P. LOADING	RESP CENTRE	DESCRIPTION	HOURS	AMOUNT (\$)	MONTH	PAID
202.70	29.20	450189 Vaccination Prog Olympic Park	Routine	49.000	11,363.10	09/2021	
			Withholding Tax		-5,340.66	09/2021	
					6,022.44		
			Heyworth Superannuation Fund		993.23	09/2021	
					993.23		
			TOTAL PAYMENT FOR Heyworth Karley		6,022.44		
			TOTAL G.S.T FOR Heyworth Karley		0.00		

The recipient and the supplier declare that this agreement applies to supplies to which this tax invoice relates. The recipient can issue tax invoices in respect of these supplies. The supplier will not issue tax invoices in respect of these supplies. The supplier acknowledges that it is registered for GST and that it will notify the recipient if it ceases to be registered. Acceptance of this RCTI constitutes acceptance of the terms of this written agreement.

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DATE: 11-Nov-2021 PAGE: 1 OF 2

ALL COMMUNICATIONS TO BE ADDRESSED TO:

Phone: 1300 883 962

Email: hsnsw-vmoprocessing@health.nsw.gov.au

Sydney Local Health District ABN 17 520 269 052

Sydney Local Health District

CLAIMS DETAILS REPORT

VENDOR NUMBER: 745541

CLAIM NUMBER:

902418V

VMO:

Heyworth Karley

MONTH / YEAR WORKED:

08 / 2021

FACILITY:

ROYAL PRINCE ALFRED HOSPITAL

MONTH / YEAR PROCESSED:

11 / 2021

ROUTINE HOURS										
SEQ	START DATE	TIME	FINISH DATE	TIME	NON - HOSPITAL PATIENTS	NO. OF PATIENTS	% ALLOWED	TYPE OF SERVICE	HOURS	RESP. CENTRE
R001	19-08-2021	08:30	19-08-2021	18:30	00:00	0	100.00	С	10.000	450189
R002	20-08-2021	09:00	20-08-2021	17:00	00:00	0	100.00	С	8.000	450189
R003	26-08-2021	07:00	26-08-2021	17:00	00:00	0	100.00	С	10.000	450189
R005	27-08-2021	07:00	27-08-2021	17:00	00:00	0	100.00	С	10.000	450189
								TOTAL:	38.000	

MISCELLANEOUS			
AMOUNT	CODE	COMMENT	RESP. CENTRE
-4141.73	0003	Withholding Tax	450189
770.26	9485	Heyworth Superannuation Fund	450189
TOTAL:			

DATE: 11-Nov-2021 **PAGE: 2 OF 2**

ALL COMMUNICATIONS TO BE ADDRESSED TO:

Phone: 1300 883 962

Email: hsnsw-vmoprocessing@health.nsw.gov.au

Sydney Local Health District ABN 17 520 269 052

Sydney Local Health District

CLAIMS DETAILS REPORT

VENDOR NUMBER: 745541

CLAIM NUMBER:

902419V

VMO:

Heyworth Karley

MONTH / YEAR WORKED:

09/2021

FACILITY:

ROYAL PRINCE ALFRED HOSPITAL

MONTH / YEAR PROCESSED:

11/2021

ROUT	INE HOURS		HALLER HA							
SEQ	START DATE	TIME	FINISH DATE	TIME	NON - HOSPITAL PATIENTS	NO. OF PATIENTS A	% LLOWED	TYPE OF SERVICE	HOURS	RESP. CENTRE
R001	07-09-2021	09:30	07-09-2021	17:00	00:00	0	100.00	С	7.500	450189
R002	09-09-2021	09:30	09-09-2021	17:00	00:00	0	100.00	С	7.500	450189
R003	10-09-2021	09:00	10-09-2021	17:00	00:00	0	100.00	С	8.000	450189
R004	16-09-2021	09:30	16-09-2021	17:00	00:00	0	100.00	С	7.500	450189
R005	21-09-2021	09:30	21-09-2021	17:00	00:00	0	100.00	С	7.500	450189
R006	22-09-2021	14:00	22-09-2021	18:00	00:00	0	100.00	С	4.000	450189
R007	24-09-2021	09:30	24-09-2021	16:30	00:00	0	100.00	С	7.000	450189
								TOTAL:	49.000	

MISCELLANEOUS	tracel Activities		
NUOMA	T CODE	COMMENT	RESP. CENTRE
-5340.6	6 0003	Withholding Tax	450189
993.2	3 9485	Heyworth Superannuation Fund	450189
TOTAL:			

DATE: 18-Nov-2021 PAGE: 1 OF 1

ALL COMMUNICATIONS TO BE ADDRESSED TO:

Phone: 1300 883 962

Email: hsnsw-vmoprocessing@health.nsw.gov.au

Sydney Local Health District ABN 17 520 269 052

Sydney Local Health District

CLAIMS DETAILS REPORT

VENDOR NUMBER: 745541

CLAIM NUMBER:

902424V

VMO:

Heyworth Karley

MONTH / YEAR WORKED:

10 / 2021

FACILITY:

ROYAL PRINCE ALFRED HOSPITAL

MONTH / YEAR PROCESSED:

11 / 2021

ROUT	INE HOURS									
SEQ	START DATE	TIME	FINISH DATE	TIME	NON - HOSPITAL PATIENTS	NO. OF PATIENTS	% ALLOWED	TYPE OF SERVICE	HOURS	RESP. CENTRE
R001	08-10-2021	09:30	08-10-2021	16:00	00:00	0	100.00	С	6.500	450189
R002	14-10-2021	09:00	14-10-2021	16:00	00:00	0	100.00	С	7.000	450189
R003	15-10-2021	11:00	15-10-2021	16:30	00:00	0	100.00	С	5.500	450189
								TOTAL:	19.000	

MISCELLANEOUS			
AMOUN	T CODE	COMMENT	RESP. CENTRE
-2070.8	37 0003	Withholding Tax	450189
385.1	3 9485	Heyworth Superannuation Fund	450189
TOTAL:			

2,010.81 TH

DATE: 18-Nov-2021 PAGE: 1 OF 1

ALL COMMUNICATIONS TO BE ADDRESSED TO:

Phone: 1300 883 962

Email: hsnsw-vmoprocessing@health.nsw.gov.au

Sydney Local Health District ABN 17 520 269 052

Sydney Local Health District

PAYMENT ADVICE

VENDOR NUMBER: 745541

CLAIM NUMBER:

902424V

VMO:

Heyworth Karley

COMPANY:

FACILITY:

ROYAL PRINCE ALFRED HOSPITAL

EMAIL:

karleyheyworth@yahoo.com.au

FAX:

LOADING 20	RESP CENTRE 450189 Vaccination Prog Olympic Park	DESCRIPTION Routine	HOURS	AMOUNT (\$)	MONTH	PAID
20		Routine				
	riog Olympic Falk		19.000	4,406.10	10/2021	
		Withholding Tax		-2,070.87	10/2021	
				2,335.23		
		Heyworth Superannuation Fund		385.13	10/2021	
				385.13		
		TOTAL PAYMENT FOR Heyworth Karley		2,335.23		
		TOTAL G.S.T FOR Heyworth Karley		0.00		
			Heyworth Superannuation Fund TOTAL PAYMENT FOR Heyworth Karley	Heyworth Superannuation Fund TOTAL PAYMENT FOR Heyworth Karley	2,335.23 Heyworth Superannuation Fund 385.13 385.13 TOTAL PAYMENT FOR Heyworth Karley 2,335.23	2,335.23 Heyworth Superannuation Fund 385.13 10/2021 385.13 TOTAL PAYMENT FOR Heyworth Karley 2,335.23

The recipient and the supplier declare that this agreement applies to supplies to which this tax invoice relates. The recipient can issue tax invoices in respect of these supplies. The supplier will not issue tax invoices in respect of these supplies. The supplier acknowledges that it is registered for GST and that it will notify the recipient if it ceases to be registered. Acceptance of this RCTI constitutes acceptance of the terms of this written agreement.

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DATE: 18-Nov-2021 **PAGE:** 1 OF 1

ALL COMMUNICATIONS TO BE ADDRESSED TO:

Phone: 1300 883 962

Email: hsnsw-vmoprocessing@health.nsw.gov.au

Sydney Local Health District ABN 17 520 269 052

Sydney Local Health District

REMITTANCE ADVICE

Heyworth Karley - VMO 1/17 Lauderdale Avenue FAIRLIGHT 2094

EFT NO:

5283011

DATE:

18-Nov-2021

VENDOR NUMBER:

745541

EFT AMOUNT:

\$ 2,335.23

INVOICE NO.	INVOICE DATE	DESCRIPTION	DISCOUNT	NET
902424V0001N	04-Nov-2021	VMO PAYMENT FROM - VMONEY	0.00	4,406.10
902424V0004N	04-Nov-2021	VMO PAYMENT FROM - VMONEY	0.00	-2,070.87
			тот	'AL: \$ 2,335.23



DATE: 22-Feb-2022 **PAGE:** 1 OF 1

ALL COMMUNICATIONS TO BE ADDRESSED TO:

St Vincent's Hospital Sydney Limited Phone: 1300 477 679 Option 1

Email: HSNSW-WestmeadApayable@health.nsw.gov.au

St Vincent's Hospital Sydney Limited

REMITTANCE ADVICE

Heyworth Karley - VMO 1/17 Lauderdale Avenue FAIRLIGHT 2094

EFT NO:

6096715

DATE:

22-Feb-2022

VENDOR NUMBER: EFT AMOUNT:

\$ 6,022.44

745541

INVOICE NO.	INVOICE DATE	DESCRIPTION	DISCOUNT	NET
911317V0001N	10-Feb-2022	VMO Payment,Inv: 911317V0001N,Feb-22,Karley Heyworth	0.00	11,363.10
911317V0004N	10-Feb-2022	VMO Payment,Inv: 911317V0004N,Feb-22,Karley Heyworth	0.00	-5,340.66
				TOTAL: \$ 6,022.44



DATE: 22-Feb-2022 PAGE: 1 OF 1

ALL COMMUNICATIONS TO BE ADDRESSED TO:

St Vincent's Hospital Sydney Limited Phone: 1300 477 679 Option 1

Email: HSNSW-WestmeadApayable@health.nsw.gov.au

St Vincent's Hospital Sydney Limited

CLAIMS DETAILS REPORT

VENDOR NUMBER: 745541

CLAIM NUMBER:

911317V

VMO:

Heyworth Karley

MONTH / YEAR WORKED:

12 / 2021

FACILITY:

St Vincents Hosp Sydn Ltd

MONTH / YEAR PROCESSED:

02 / 2022

SEQ	START DATE	TIME	FINISH DATE	TIME	NON - HOSPITAL PATIENTS	NO. OF PATIENTS A	% LLOWED	TYPE OF SERVICE	HOURS	RESP. CENTRE
R001	02-12-2021	08:00	02-12-2021	16:30	00:30	0	100.00	С	8.000	231457
R002	09-12-2021	08:00	09-12-2021	16:30	00:30	0	100.00	С	8.000	231457
R003	10-12-2021	08:00	10-12-2021	12:30	00:00	0	100.00	С	4.500	231457
R004	16-12-2021	08:00	16-12-2021	16:30	00:30	0	100.00	С	8.000	231457
R005	23-12-2021	08:00	23-12-2021	12:30	00:00	0	100.00	С	4.500	231457
R006	21-12-2021	10:00	21-12-2021	18:00	00:30	0	100.00	С	7.500	231457
R007	30-12-2021	08:00	30-12-2021	16:30	00:00	0	100.00	С	8.500	231457
								TOTAL:	49.000	

MISCELLANEOUS			
AMOUNT	CODE	COMMENT	RESP. CENTRE
-5340.66	0003	Withholding Tax	231457
993.23	9485	Heyworth Superannuation Fund	231457
TOTAL:			



DATE: 22-Feb-2022 **PAGE:** 1 OF 1

ALL COMMUNICATIONS TO BE ADDRESSED TO:

St Vincent's Hospital Sydney Limited Phone: 1300 477 679 Option 1

Email: HSNSW-WestmeadApayable@health.nsw.gov.au

St Vincent's Hospital Sydney Limited

PAYMENT ADVICE

VENDOR NUMBER: 7

745541

CLAIM NUMBER:

911317V

VMO:

Heyworth Karley

COMPANY:

FACILITY:

St Vincents Hosp Sydn Ltd

EMAIL:

karleyheyworth@yahoo.com.au

FAX:

					TIME SHEET 911317V				
PAID	монтн	AMOUNT (\$)	HOURS	DESCRIPTION	RESP CENTRE	P.P. LOADING	RATE		
	12/2021	11,363.10	49.000	Routine	231457 SVHN - COVID19 Management	29.20	202.70		
	12/2021	-5,340.66		Withholding Tax					
		6,022.44							
	12/2021	993.23		Heyworth Superannuation Fund					
		993.23							
		6,022.44		TOTAL PAYMENT FOR Heyworth Karley					
		0.00		TOTAL G.S.T FOR Heyworth Karley					

The recipient and the supplier declare that this agreement applies to supplies to which this tax invoice relates. The recipient can issue tax invoices in respect of these supplies. The supplier will not issue tax invoices in respect of these supplies. The supplier acknowledges that it is registered for GST and that it will notify the recipient if it ceases to be registered. Acceptance of this RCTI constitutes acceptance of the terms of this written agreement.

Both parties to this supply agree that they are parties to an RCTI agreement. The supplier agrees to notify the recipient if the supplier does not wish to accept the proposed agreement within 21 days of receiving this document.

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Karley Heyworth

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DATE: 10-May-2022 **PAGE**: 1 OF 1

ALL COMMUNICATIONS TO BE ADDRESSED TO:

St Vincent's Hospital Sydney Limited Phone: 1300 477 679 Option 1

Email: HSNSW-WestmeadApayable@health.nsw.gov.au

St Vincent's Hospital Sydney Limited

REMITTANCE ADVICE

Heyworth Karley - VMO 1/17 Lauderdale Avenue FAIRLIGHT 2094

EFT NO:

6100375

DATE:

10-May-2022

VENDOR NUMBER: EFT AMOUNT:

745541 \$ 1,843.60

INVOICE NO.	INVOICE DATE	DESCRIPTION	DISCOUNT	NET
940853V0001N	04-May-2022	VMO Payment, Inv: 940853V0001N, May-22, Karley Heyworth	0.00	3,478.50
940853V0004N	04-May-2022	VMO Payment,Inv: 940853V0004N,May-22,Karley Heyworth	0.00	-1,634.90
				TOTAL: \$ 1,843.60



DATE: 10-May-2022 **PAGE:** 1 OF 1

ALL COMMUNICATIONS TO BE ADDRESSED TO:

St Vincent's Hospital Sydney Limited Phone: 1300 477 679 Option 1

Email: HSNSW-WestmeadApayable@health.nsw.gov.au

St Vincent's Hospital Sydney Limited

PAYMENT ADVICE

VENDOR NUMBER:

745541

CLAIM NUMBER:

940853V

VMO:

Heyworth Karley

COMPANY:

FACILITY: EMAIL: St Vincents Hosp Sydn Ltd

karleyheyworth@yahoo.com.au

FAX:

TIME SHEET		940853V						
RATE	P.P. LOADING	RESP CENTRE	DESCRIPTION	HOURS	AMOUNT (\$)	MONTH	PAID	
202.70	29.20	231457 SVHN - COVID19 Management	Routine	15.000	3,478.50	04/2022		
			Withholding Tax		-1,634.90	04/2022		
					1,843.60			
			Heyworth Superannuation Fund		304.05	04/2022		
					304.05			
			TOTAL PAYMENT FOR Heyworth Karley		1,843.60			
			TOTAL G.S.T FOR Heyworth Karley		0.00			

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DATE: 10-May-2022 **PAGE: 1 OF 1**

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St Vincent's Hospital Sydney Limited Phone: 1300 477 679 Option 1

Email: HSNSW-WestmeadApayable@health.nsw.gov.au

St Vincent's Hospital Sydney Limited

CLAIMS DETAILS REPORT

VENDOR NUMBER: 745541

CLAIM NUMBER:

940853V

VMO:

Heyworth Karley

MONTH / YEAR WORKED:

04 / 2022

FACILITY:

St Vincents Hosp Sydn Ltd

MONTH / YEAR PROCESSED:

05 / 2022

ROUT	INE HOURS									
SEQ	START DATE	TIME	FINISH DATE	TIME	NON - HOSPITAL PATIENTS	NO. OF PATIENTS	% ALLOWED	TYPE OF SERVICE	HOURS	RESP. CENTRE
R001	08-04-2022	08:00	08-04-2022	15:00	00:00	0	100.00	С	7.000	231457
R002	07-04-2022	08:00	07-04-2022	16:30	00:30	0	100.00	С	8.000	231457
								TOTAL:	15.000	

MISCELLANEOUS			
AMOUNT	CODE	COMMENT	RESP. CENTRE
-1634.90	0003	Withholding Tax	231457
304.05	9485	Heyworth Superannuation Fund	231457
TOTAL:			