

### Approved form – Gifts and Benefits Register

Date given or received	Description of gift or benefit	Value	Name of donor <sup>1</sup>	Name of recipient	For gifts received was the gift: a) retained by employee; or b) retained by agency.	Reasons for accepting or giving (what is the benefit to the Queensland community)	Name & signature of accountable officer or supervisor.
March Quarter	Nil received	-	N/A	N/A	N/A	There were no gifts or benefits over \$150 received during the March quarter.	N/A

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<sup>1</sup> For organisational donors, include name of organisation. If donor is an individual, use a generic reference. E.g. "individual", "family of patient".