

## **COST CENTRE UPDATE**

This form is used to create a new cost centre or update an existing cost centre in Comcare's Customer Information System. Please complete all fields on this form. If you have any questions about this form please call Comcare on 1300 366 979.

Please attach any additional information on a separate sheet. The information provided on this form may be distributed to other government agencies and rehabilitation providers.

Return by email to agency.updates@comcare.gov.au or fax to 1300 196 971

Customer	Customer number
Create cost centre	Update cost centre
Cost centre name (no mor	e than 31 characters: please print clearly and within the boxes)
Cost centre short name (m	nax nine characters)
Customer reference (for ag	ency use only)
Cost centre contact	
Phone	Fax
Email	
Actual address	
Mail address	

Cost centre description		
Payroll Cheque receiving Liable Cheque receiving cost centre*		
* If the new cost centre is payroll only, please provide cheque receiving cost centre it is attached to.		
Incapacity report format  Fortnightly Monthly		
Payment term		
Weekly Fortnightly Monthly Quarterly		
Requesting officer name		
Requesting officer signature		
Requesting officer title Date / /		
For more information about cost centres and cost centre structures please see our <u>agency updates form guide</u> .		
Comcare Employer Account Management Email agency.updates@comcare.gov.au Phone 1300 366 979 Facsimile 1300 196 971		