

# SALARY PACKAGING FACT FORM

## Airport Lounge Membership

### About Airport Lounge Membership

- You can salary package this benefit if it is directly related to your employment and you are already a current member.
- The options for payments of this benefit are direct payment to the supplier or reimbursement to you.

### You will need:

- To complete the expense benefit declaration below when claiming payment or reimbursement of this benefit.
- For direct reimbursement you will need to submit a copy of your invoice and/or proof of payment, using the payment / reimbursement claim form attached.

If you are amending an existing salary package and wish to include this benefit option, you will need to complete the form below and submit it with your amendment form.

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## Expense Payment Benefit Declaration

I, ..... , employed  
(Employee Name)

by ..... declare that  
(Employer Name)

(show nature of expense eg telephone rental): .....

.....

were provided to me by or on behalf of my employer during the period from \_\_\_\_ / \_\_\_\_ / \_\_\_\_

to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and the expenses were incurred by me for the following purpose(s):

.....

.....

I also declare that the percentage of those expenses incurred in earning my assessable income was  
..... %

I understand that this declaration is to apply to the above stated benefit and to any identical benefit\* for a period of up to 5 years from the date of this declaration or until the stated percentage incurred in earning my assessable income decreases by more than 10 percentage points. This declaration will also be revoked if another recurring expense payment fringe benefit declaration is provided in respect of a subsequent identical benefit.

Signature: ..... Date: .....

**\*Note:** Identical benefits are ones which are the same in all respects except for any differences that are minimal or insignificant, or that relate to the value of the benefits, or that relate to change in the deductible proportion of 10 percentage or less.

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# Payment / Reimbursement Claim Form

**My Employer is** \_\_\_\_\_ **RemServ ID Number** \_\_\_\_\_

First Name \_\_\_\_\_ Surname \_\_\_\_\_

My Address \_\_\_\_\_

Post Code \_\_\_\_\_

Contact Telephone No \_\_\_\_\_

Please tick if you have a novated lease motor vehicle through RemServ

**Direct Payments**

Due Date	Payment for	GST component	Total amount
<b>TOTAL</b>			

**Reimbursements (expenses already paid)**

Receipt date	Payment for	GST component	Total amount
<b>TOTAL</b>			

**Note:** Copies (not originals) of invoices and/or receipts must accompany this request to enable payment/ reimbursement to be processed.

Where there are insufficient funds to meet the request RemServ will make partial payments unless otherwise advised.

**Payments will be made by electronic funds transfer (EFT) to the account number below**

_____ BSB Number	_____ Account Number
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I hereby declare that the attached invoice/s and receipt/s are for expenses incurred privately by myself or by my dependents and are not to be used for any other tax deductible purpose and are budgeted for within my salary package.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send your request to RemServ at GPO Box 424, Brisbane QLD 4001 or by fax 1300 30 18 66

Office Use Only

<input type="checkbox"/> EFT	Direct/Reim	Date.....
<input type="checkbox"/> BPay		
<input type="checkbox"/> Cheque	Processed by.....	

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