

SALARY PACKAGING FACT FORM

Club/Association Membership Subscriptions

About Club/Association Membership Subscriptions – Packageable within your limits

- You can elect to package memberships to clubs and associations that are not related to your work. These attract full FBT.
- The options for payments of this benefit are direct payment to the supplier or reimbursement to you.

You will need:

- A copy of the invoice
- For direct reimbursement you will also need to supply proof of payment and complete the payment / reimbursement claim form attached.

Privacy Notice

RemServ is committed to protecting the privacy and rights of its customers. Our Privacy Policy contains important information about how we collect, hold, use and disclose personal information. It explains what happens if we cannot collect your personal information, as well as how you can access and correct the personal information we hold about you, or make a complaint. If you do not wish to receive promotional material from us, or would like a copy of our Privacy Policy, please contact us on 1300 30 39 40. Our Privacy Policy is also available at remserv.com.au.

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
TOTAL			

Reimbursements (expenses already paid)

Receipt date	Payment for	GST component	Total amount
TOTAL			

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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