



## Ministerial Fringe Benefits account Reimbursement Claim form

Month:

Name:

Phone:

Email:

Fringe acc no:

Please find attached invoices as detailed below, which are to be charged against my Fringe Benefit account

- I confirm that the expenditure is in accordance with the *Guidelines for Ministerial Fringe Benefits*
- I enclose tax invoices for payments to third parties and have identified what the expenditure is related to
- Where GST applies, please record the GST amount in the appropriate column.

### Checklist

- all tax invoices attached in order of claim form
- all personal details completed
- each invoice is listed separately
- GST components and total amounts detailed
- form signed and dated.

Paid to: (provider of goods and services e.g. Telstra)	Type of expenditure: (e.g. housing, travel, medical, education etc.)	GST amount	Total amount incl. GST

**TOTAL**

- I acknowledge that:
- the above payment represents the provision of a fringe benefit and accordingly is not eligible to be claimed as a tax deduction
  - the Synod office shall not be held responsible for any losses or additional cost which I may incur in connection with processing of the above payment
  - the above expenses have been incurred.

Signed

Date  /  /

Office use Validated:

Deal #:

AMT processed: