



Ministerial Fringe Benefits account Request for monthly standing reimbursement

A separate 'Standing reimbursement' form will need to be completed for each request. Please complete and return this form together with **evidence of payment** (e.g. copy of direct debit authority from your bank or supporting documentation from relevant institution).

Name:

Phone:

Email:

Fringe account no:

Details of monthly payment

Payee name:

Payee BSB:

Payee Account Number:

Reference/Membership no:

Type of expense:

Amount claimed: \$ monthly

Effective from:

I request the amount claimed above to be reimbursed monthly from my Fringe Benefit account for 2016 and acknowledge that:

1. the above expenses will be incurred by myself
2. any change or cancellation to the above arrangements will be advised in writing immediately to the Fringe Benefits Coordinator.

Signature

Date

Office use	received	validated	entered
	date:	by: date:	by: date: