The Uniting Church in Australia
QUEENSLAND SYNOD

Ministerial Fringe Benefits account
Form 2: Reimbursement Claim form

2019

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 and proof of payment 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 and proof of payment 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	$ 0.00	$ 0.00

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:

MFB 11/17