Remote Area Benefits Reimbursement Claim



Your Details

Given Name(s):		Surname:		
Employer (if salary sacrificed):		Employer Number:	Employer Number:	
Please only complete the below if your add	dress o	details have changed.		
Address:				
Suburb:		State:	Postcode:	
Contact Details				
Email Address:				
Mobile Number:				
Work Number:				
Please fill in the totals for reimbu	rsem	ent		
Only declare the cost paid by you:				
Mortgage Interest Cost: \$		I have attached a mortgage statement		
Rental Payment: \$		I have attached a copy of a receipt of payn	nent (if outside lease/agreement term)	
Electricity Expenses: \$		I have attached a copy of my electricity bill	and a receipt of payment	
Gas Expenses: \$		I have attached a copy of my gas bill and a	receipt of payment	
Please email or mail your Remote Area B keep originals.	enefi	ts Reimbursement Claim to <i>sgfleet.</i> Please	only send copies in the mail,	
Payment of Reimbursed Expenses	S			
		inated account if you supply your bank account with each reimbursement request. We are	_	
Account Name:		Bank Name:		
BSB Number:		Account No.:		

If you do not supply your bank account details *sgfleet* will send a cheque to your home address.

Declaration
I declare the expense(s) listed overleaf totalling \$ were incurred by me for my usual place of residence and that any GST Input Tax Credit has not been claimed by any entity, including my employer.
In addition, I declare the following:
☐ I have read, understood and accept the terms and conditions of my employer's Remote Area Benefits/Salary Packaging Policy.
I am a current employee whose usual place of employment, and usual place of residence, are both at an eligible remote area, as defined by the Australian Taxation Office.
☐ I have provided substantiation documents as per overleaf, to evidence this claim.
There have been no changes to my remote area living arrangements, mortgage or lease/rental agreement (whichever is applicable), or my employment contract as I understand this may impact the payment of claims, or my eligibility to participate in the program.
For mortgage interest claims only: I have not established a mortgage offset account, nor have I drawn down on my mortgage prior to making this claim.
Employee Signature:
Signature:
Name:
Date:

 $Please\ send\ completed\ application\ form\ to\ salary packaging@sgfleet.com$