Charles Sturt University

SALARY PACKAGING AGREEMENT
Membership to Professional Association

STAFF DETAILS

Name:		Staff No:	
Section:			

MEMBERSHIP TO PROFESSIONAL ASSOCIATION

☐ **MEMBERSHIP ALREADY PAID (REIMBURSEMENT)**

I request reimbursement for subscription paid to:	*(Name of Professional Association)*
Amount:	**$**

PRIVACY

The personal information you provide on this form is protected by the *Privacy and Personal Information Protection Act 1998 (NSW)*. You are required to provide this information to commence the deduction as Authorised. Access to the information you provide is available to yourself, and those persons authorised to access the information in the course of their duties to the University. This form will be retained by the Division of Finance. Further details regarding access and notations to personal information are set out in the University's policy *"Access to Personal Files".*

TERMS AND CONDITIONS

- I declare that I have been provided with and read the *Guidelines for the Charles Sturt University Voluntary Salary Packaging Scheme* and have sought, or had the opportunity to seek, independent financial planning advice on the benefits (or otherwise) of my participation in the Charles Sturt University Voluntary Salary Packaging Scheme.
- I agree to comply with all of the provisions and conditions of the *Guidelines for the Charles Sturt University Voluntary Salary Packaging Scheme* as they apply to my participation in the Scheme. I acknowledge that I am responsible for payment of all fees, charges and taxes that may be incurred by me in my participation in the Scheme.
- I acknowledge and understand that Charles Sturt University expressly disclaims all and any liability and responsibility in respect of anything done or omitted to be done (or the consequences thereof) by myself in reliance upon the whole or any part of the information provided by Charles Sturt University in regard to my participation in the Charles Sturt University Voluntary Salary Packaging Scheme.
- The expense is incurred in my name and has been paid as per the original receipt(s) attached.
- I understand I will be reimbursed through the pay system into my normal bank account in the next available pay period after the expense is approved by the Division of Finance, and an equivalent Pre tax payroll deduction to repay the purchase cost of the expense will occur on the next available pay period.
- I will not seek any further reimbursement for this account.
- I have attached a completed FBT expense declaration.
- Membership to this association is directly related to my current employment.

SIGNATURE AND AUTHORISATION

Staff Member:		Date:	

FINANCIAL SERVICES USE ONLY

Amount of Receipt Agrees:	☐	In Staff Members Name:	☐	Original Receipt:	☐	Valid Association:	☐
Exp Amt:	$	Sal Pack (5PS):	☐	Reimb Amt:	$	Code: 6REIM	Entered:

Charles Sturt University

APPROVED FORMAT FOR FRINGE BENEFIT TAX
RESIDUAL FRINGE BENEFIT
RECURRING BENEFIT DECLARATION

DECLARATION BY APPLICANT

I, -- declare that **THE COST OR PART COST OF MEMBERSHIP TO**

Was provided to me by or on behalf of my employer during the period:

Start Date -- **End Date** --

and that the benefit was used by me for the following purpose(s):

MEMBERSHIP TO A WORK-RELATED PROFESSIONAL ASSOCIATION

I also declare that had I purchased the service or privilege, etc for its market value, I would have been entitled to claim an income tax deduction equal to 100% of the purchase price.

I understand that this declaration is to apply to the above stated benefit and to any identical benefit for a period up to 5 years from the date of this declaration or until the stated percentage incurred in earning my assessable income decreases by more than 10 percentage points. This declaration will also be revoked if another recurring residual fringe benefit declaration is provided in respect of a subsequent identical benefit.

Signature: -- --

Employee *Date*

Note: Identical benefits are ones which are the same in all respects except for any differences that are minimal or insignificant, or that relate to the value of the benefits, or that relate to a change in the deductible proportion of 10 percentage points or less.