

Remote Area Housing: Residential Fuel Claim



Use this form to claim reimbursement for Remote Area Housing - Residential Fuel expenses. For more information please refer to the Remote Area Housing factsheet on our website.

1. Your Details (Please confirm who you are and where you work):

| | |
|--|-------------|
| Organisation Name: | Payroll No: |
| Full Name: | Unique ID: |
| Residential Address <small>(Mandatory)</small> : | |
| Your Gross Fortnightly Salary: | |

2. Your Claim:

Please provide copies of required evidence of residential fuel expenditure and keep originals for your own records. SalaryPackagingPLUS recommends you supply 12 months of evidence using the date range from the previous year.

Please add up the total value of fuel charges and indicate this amount below. Please also indicate the date range of evidence you have supplied:

Total Value of Residential Fuel Evidence Supplied:

\$

Date Range of Evidence:

to

Please Note: 50% of the total amount supplied will be reimbursed as FBT Exempt and 50% will be reimbursed under your capped limit, or have FBT applicable, depending on your employer policy.

I request reimbursement to be made to the following account:

| Account Name | Bank | BSB Number | Account Number | Transaction Reference Number |
|--------------|------|------------|----------------|------------------------------|
| | | | | |

3. Declaration

I live at the above stated address and hereby declare that:

- I am an employee of the above stated organisation and have been employed since _____
- The residential fuel is in respect to a remote area housing dwelling
- The dwelling is my usual place of residence (my permanent dwelling)
- The benefit is provided for residential fuel which is based on market rates
- I have not previously claimed these same expenses through salary packaging elsewhere

I have read and understood the information on the SalaryPackagingPLUS factsheet for this benefit that I have elected to salary package and I confirm that the above information is true and correct. I understand that I am liable for any Fringe Benefits Tax that may be incurred due to incorrect information provided under this Salary Packaging Arrangement.

Signature:

Date: / /