



Name: \_\_\_\_\_

## FINANCIAL CONSULTING TAX INVOICE

**Bureau Associated Consultant:** \_\_\_\_\_

*(This does not include any administration fees or set up fees on to the Administration Bureau. These fees will be charged directly to your package.)*

Proposed Payment Date: ____ / ____ / ____
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Amount: Service	\$
GST	\$
<b>Total Fee</b>	<b>\$</b>

<b>Remunerator Financial Services Pty Ltd</b> PO BOX 1247 Camberwell, Vic. 3124	<b>ABN 76 075 357 274</b>
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### Other Consultant - Details

Proposed Payment Date: ____ / ____ / ____
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Amount: Service	\$
GST	\$
<b>Total Fee</b>	<b>\$</b>

Name of Consultant:
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Payment method to be used (please tick the appropriate box):	
<input type="checkbox"/> <b>EFT</b>	- If Remunerator can pay DIRECT to Supplier electronically either weekly, fortnightly or monthly
<input type="checkbox"/> <b>REIMBURSEMENT</b>	- If you pay the Supplier by cash, cheque or credit card

### **SUBSTANTIATION REQUIRED**

**(a) Reimbursement**

- A copy of the receipt attached to a "Reimbursement Claim Form" at time of claim.

**(b) EFT (weekly / fortnightly & monthly ONLY)**

Letter from Supplier specifying the following details:

- amount per period
- frequency of payments
- date payment due
- Supplier's bank account & BSB number where the payments are to be deposited - ID Number (where required)

**Employee's Signature** \_\_\_\_\_

**Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_



***Employee's Signature*** \_\_\_\_\_

***Date*** \_\_\_\_/\_\_\_\_/\_\_\_\_