



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: ____ / ____ / ____

Amount: Service	\$
GST	\$
Total Fee	\$

Remunerator Financial Services Pty Ltd PO BOX 1247 Camberwell, Vic. 3124	ABN 76 075 357 274
--	--------------------

Other Consultant - Details

Proposed Payment Date: ____ / ____ / ____

Amount: Service	\$
GST	\$
Total Fee	\$

Name of Consultant:

Payment method to be used (please tick the appropriate box):	
<input type="checkbox"/> EFT	- If Remunerator can pay DIRECT to Supplier electronically either weekly, fortnightly or monthly
<input type="checkbox"/> REIMBURSEMENT	- 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 ____/____/____