



Name: _____

PROFESSIONAL SUBSCRIPTIONS & MEMBERSHIPS

Name of Association: _____

Type of Membership (if applicable): _____

Amount: \$ _____ p.a.

Frequency: Weekly Monthly Quarterly Yearly Other.....

Current payment method: _____

Is this item used in relation to your employer's business? Yes No

SUBSTANTIATION REQUIRED

(a) EFT (weekly / fortnightly & monthly ONLY)

- Letter from Association/ Publisher specifying the following details:
- amount per period
- frequency of payments
- date payment due
- Suppliers bank account & BSB number where the payments are to be deposited

(b) Direct Credit (weekly / fortnightly & monthly ONLY)

- Letter from Association/ Publisher specifying the following details:
- amount per period
- frequency of payments
- date payment due
- employee's bank account & BSB number from where the payments are to be deducted

(c) Payroll Deduction (After Tax)

- A copy of a recent pay slip showing the deductions

(d) Reimbursement

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

Employee's Signature _____

Date ____/____/____



Employee's Signature _____

Date ____/____/____