

SALARY PACKAGING AGREEMENT In-House Benefits

STAFF DETAILS

Name:		Staff No:	
Section:			

IN-HOUSE BENEFITS DETAILS (as attached)

Total Cost:	\$		
(a)	Claims must relate to Charles Sturt University in-house facilities only		Please tick as a check
(b)	Each claim must be a minimum of \$100.00		
(c)	Claims must not exceed \$1000.00 per FBT year (1 April - 31 March)		
(d)	Claims are by reimbursement of expenses paid		
(e)	Original receipts with staff number as reference are to be attached to this claim		

CSU CARD DETAILS (5CSU)

Regular Fortnightly Payroll Deduction / Lump sum payment of : <i>(select which applicable)</i>	\$
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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.

SIGNATURE AND AUTHORISATION

Staff Member:		Date:	
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FINANCIAL SERVICES USE ONLY

Employee Status Confirmed:		Codes:	5IHB		6REIM		Entered By:		Date:	
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