

Casual Preacher Fee Claim Form



• Please scan and e-mail the completed form to payroll@nswact.uca.org.au

CONGREGATION DETAILS

CONGREGATION NAME

CONGREGATION ABN

I, , as

name of authorised signatory

title of signatory's position held

Request payment to be made for the services of a **visiting preacher**:

Preacher name:

Date Service Undertaken:

Preaching fee: \$

Please Tick Accordingly:

This was the: First Service Second Service Third or more Service **this quarter.**

If the provision of services is for **2 days or less** in a **quarter**, then the PAYG amount required to be withheld from the payment is nil.

If the provision of services is for **more than 2 days** in a **quarter**, then PAYG withholding is required in accordance with the ATO tax tables.

The authorised claim will be processed in the next available regular payrun.

AUTHORISED REPRESENTATIVE SIGNATORY

AUTHORISED REPRESENTATIVE (PRINT NAME)

SIGN HERE

DATE

D D / MM / YYY

Y