

# SALA Reimbursement Application

## Application Form

All applicants please note:

- Ensure you attach SALA registration receipt.
- Please print clearly and legibly.

Applicant/Organisations Details	
Business Name	
Name of Applicant	
Postal Address	
ABN (if applicable)*	Registered for GST Yes No
Email Address	
Telephone/Mobile	

\*in NO ABN is quoted, please complete the attached *Statement by Supplier* form.

SALA Details	
Receipt Number <small>(please attach a copy of your receipt)</small>	
Title of event	
Location of event	

Electronic Fund Transfer Details	
Account Name	
Bank	
BSB	Account Number



Authorisation		
Name		Date
Signature		

### Agreement and Conditions

I/We hereby agree for all payments by the City of Norwood Payneham & St Peters to be made by way of Electronic Funds Transfer to the above account. Payment will be deemed to have been made when the City of Norwood Payneham & St Peters has instructed its bank to credit the above account. The City of Norwood Payneham & St Peters will not be responsible for any delays in payment or errors due to factors outside its control, including delays or errors in the banking system, or errors in account details supplied. City of Norwood Payneham & St Peters reserves the right to suspend the EFT payment system and pay by cheque. The recipient agrees to repay the City of Norwood Payneham & St Peters any payments credited to the recipient in error. The City of Norwood Payneham & St Peters reserves the right to offset any amount paid in error against future payments



Statement by a supplier

Complete this statement if the following applies:

- you are an individual or a business
you have supplied goods or services to another enterprise (the payer), and
you are not required to quote an Australia business number (ABN).

HOW TO COMPLETE THE STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
Use BLOCK LETTERS and print one character in each box.

Grid for printing characters: S M I T H S T

- Place X in all applicable boxes.

Payers can check ABN records of suppliers by visiting abr.business.gov.au or phoning 13 72 26 24 hours a day, 7 days a week.

Section A: Supplier details

Your name

Grid for entering name details

Your address

Grid for entering address details

Suburb/town

Grid for entering suburb/town

State/territory

Grid for entering state/territory

Postcode

Grid for entering postcode

Reason/s for not quoting an ABN Place X in the appropriate box/es.

- The payer is not making the payment in the course of carrying on an enterprise in Australia.
The supplier is an individual aged under 18 years and the payment does not exceed \$350 a week.
The payment does not exceed \$75, excluding any goods and services tax (GST).
The supply that the payment relates to is wholly input taxed.
The supply is made by an individual or partnership without a reasonable expectation of profit or gain.
The supplier is not entitled to an ABN as they are not carrying on an enterprise in Australia.
The whole of the payment is exempt income for the supplier.

The supplier is an individual and has given the payer a written statement to the effect that the supply is either:
made in the course or furtherance of an activity done as a private recreational pursuit or hobby, or
wholly of a private or domestic nature (from the supplier's perspective).

Section B: Declaration

For information about your privacy, visit our website at ato.gov.au/privacy

Under pay as you go (PAYG) legislation and guidelines administered by us, the named supplier is not quoting an ABN for the current and future supply of goods or services for the reason or reasons indicated.

Name of supplier (or authorised person)

Grid for entering name of supplier

Signature of supplier (or authorised person)

Signature box

Daytime phone number

Grid for entering daytime phone number

Date

Grid for entering date (Day / Month / Year)

Penalties apply for deliberately making a false or misleading statement.

Do not send this statement to us. Give the completed statement to any payer that you are supplying goods or services to. The payer must keep this document with other records relating to the supply for five years.