

NEW / AMENDMENT



COMMUNITY BUSINESS BUREAU INC.

Email: ncb@cbb.com.au Fax: 08 8244 9145

VENUE HIRE & ACCOMMODATION - AUTHORITY FORM

AUTHORITY FORM

EMPLOYEE NAME: _____ NCB No _____ - _____

EMPLOYER NAME: _____

EMPLOYEE PAYROLL NO: _____ E-MAIL ADDRESS: _____

Please credit the following amounts deducted from my wages by my employer to my Non Cash Benefit account, administered by the Community Business Bureau Inc. for the specific purpose of the purchase of venue hire and accommodation.

START DATE: _____ END DATE: _____
(if applicable)

VENUE HIRE & ACCOMMODATION (VH&A) COSTS

Please circle one below

Please set aside \$ _____ for VH&A per

Per Pay Cycle	Once Off
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Reimbursement

Please deduct \$ _____ per pay until reimbursement is complete. The full amount is \$ _____

VENUE HIRE & ACCOMMODATION

EMPLOYEE SIGNATURE: _____

DATE: ____ / ____ / ____

EMPLOYER' SIGNATURE: _____

DATE: ____ / ____ / ____

CBB USE ONLY

REC'D	____ / ____ / ____
Entered By	_____
AMT \$	_____
PAYROLL	_____
NCB	_____ - _____
	<input type="checkbox"/> <input type="checkbox"/>