

# Meal Entertainment Application Form



Government of  
South Australia



## Employee Information

Your Name (First Name, Surname)		Email Address (This will be used to send a confirmation, once this request is processed)	
Employer Name		Payroll Identification Number	
Phone Number		Date of Birth	

**IMPORTANT: Please complete all of the above information to enable Maxxia to process your request.**

## Amendment Details

Action	Benefit Name	Allocation Amount (Per Pay Cycle)
<input type="checkbox"/> Add	<input type="checkbox"/> Meal Entertainment Visa	<input type="checkbox"/> Max \$2,650 per FBT year. Maxxia will set up your deduction to maximise this benefit over the available pays before 31 March 17. <input type="checkbox"/> Fixed amount of \$_____ over _____ fortnightly pays

Based on the amounts allocated fortnightly for each benefit and your current arrangements in place, we will send a revised payroll adjustment advice to your payroll department.

I declare that I have read, understood and complied with the terms and conditions of the employer's Salary Packaging Program and the Maxxia terms and conditions (see [www.maxxia-sagov.com.au](http://www.maxxia-sagov.com.au)). I understand that a false declaration may lead to cessation of salary packaging and/or other disciplinary action.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please complete this application form and send back to [info@maxxia.com.au](mailto:info@maxxia.com.au)**

**Please note:** An annual fee of \$60 (including GST) will be deducted fortnightly during the Fringe Benefits Tax (FBT) year.