



# CHRISTIAN SCHOOLS EVENTS NETWORK

## STATEMENT BY A SUPPLIER

Christian Schools Events Network - ABN 33 148 078 460

c/o 62 Rix Road, Officer VIC 3809

Tel: 0425 701 182

Email: [csen@csen.au](mailto:cсен@csen.au)

CSEN EVENT

DATE OF EVENT

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EVENT VENUE

TIME WORKED

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NAME OF SUPPLIER

PHONE NUMBER OF SUPPLIER

--	--

ADDRESS OF SUPPLIER

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PAYMENT AMOUNT

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BSB

ACCOUNT NUMBER

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Under the Pay AS You Go legislation and guidelines produced by the Australian Taxation Office, I provide you with a written statement that, for the supply I am making and further supplies of this type that I make to you:

TICK APPROPRIATE BOX

<input type="checkbox"/>	The supply is made to you in my capacity as an individual, and the supply is made in the course of an activity that is a <b>private recreational pursuit or hobby</b>
<input type="checkbox"/>	The supply is made to you in my capacity as an individual, and the supply is wholly of a <b>private or domestic nature for me</b>
<input type="checkbox"/>	I (or the supplier that I represent) am/is a <b>non-resident who is carrying on an enterprise in Australia</b>
<input type="checkbox"/>	The whole of the payment that I (or the supplier that I represent) will receive for the supply is <b>exempt from income tax</b>
<input type="checkbox"/>	I have <b>no reasonable expectation of profit or gain</b> from the activity undertaken and consider that I do not meet the definition of enterprise for tax purposes

Therefore, I am not quoting you an ABN. You should not withhold an amount from the payment you make to me for the supply. I agree to advise you in writing if circumstances change to the extent that this statement becomes invalid. It is an offence to make a false or misleading statement.

CSEN does not provide Personal/Accident Insurance Cover.

I have read the CSEN Risk Warning

I have completed the CSEN Child Safe online register - payment will not be processed until this is completed.

Signature: \_\_\_\_\_

OFFICE USE ONLY:

CSEN EXECUTIVE OFFICER:

COUNTERSIGNED:
