

Salary Packaging Exempt Benefit Expense Claim Form

My Details

| | | |
|-----------------|------------|---------|
| Title | First Name | Surname |
| Email | | Mobile |
| Employer's Name | | |

Reimbursement Claim

To substantiate this claim, please provide the tax invoices and receipts for all expenses you are including on this claim.

If we don't receive the tax invoices and receipts we can't process the payment.

| Date Paid | Expense Type (e.g. Work related Laptop, Self Education Expenses, etc.) | Amount Paid |
|------------------------|---|-------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| Total to be reimbursed | | \$ |

Account Name: _____

BSB:

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Account Number:

| | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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The Declaration

- I acknowledge that I have read the 'Guide to Salary Packaging "Exempt Benefits"' and agree to observe the requirements regarding the proof of expenditure.
- I understand that I will receive a reimbursement for the expenses detailed only if there are sufficient available funds held in my salary packaging account with the Salary Packaging People.
- I will retain in good condition all original copies of the supporting invoices for a period of 5 years.
- The information I have provided is true and correct and I understand that the submission of false or misleading information may lead to tax offence prosecution and result in my claim being denied.
- I declare that the notation of my name in the following 'Signature' section is an electronic representation of my signature for all purposes required in this document, just the same as my normal pen-and-paper signature.

| | | |
|------|-----------|---------------------------|
| Date | Signature | ← 'bgYrhGJ[bUhi FY' <YFY |
|------|-----------|---------------------------|

Privacy

To read our privacy policy, please visit www.salarypackagingpeople.com.au/home/privacy-statement/

Terms and Conditions

1. If you have regular payments made, e.g.. lease payment, insurance, these will take precedence over this claim being paid.
2. If you don't fully complete this form, and provide all the supporting documentation, we may return your claim because we can't make the payment.
3. If we suspect that you have made a false claim, we are required to advise your employer who may deny you access to the salary packaging program.

Email to: info@salarypackagingpeople.com.au
Post to: PO Box 669, Geelong VIC 3220

Fax to: 03 5229 9621
Deliver to: 69 Pakington Street, Geelong West

The Salary Packaging People
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