

FORM C – OTHERWISE DEDUCTIBLES EXPENSE CLAIM FORM

This form is used to apply for Otherwise Deductible Claims only. Please submit this form with supporting documentation to info@salarymasters.com.au or call us on **1300 303 357** for further details.

Your Details

Full Name inc. Title			
Date of Birth			
Residential Address			
Work Phone Number		Mobile Number	
Work Email Address			
Personal Email Address			
Payroll Number			

Your Employer Details

Company Name	
Payroll Contact Name	
Payroll Contact Phone Number	
Payroll Contact Email Address	

Claim Form

Item	Value incl GST	No. of Pay Periods#1	Bank Account Name#2	BSB Number	Bank Account Number

#1 One-off items are typically processed in one pay period but can be split over several periods if required.

#2 There may be fees associated with this claim. Please contact us for further details.

Declaration

- I request SalaryMasters to reimburse me for the above claim items, and I approve amounts to be deducted from my salary to cover this reimbursement.
- I have attached tax invoices, or other supporting documents, and confirm this claim meets ATO requirements.
- I have not previously claimed these expenses through a salary packaging arrangement with my current, or previous, employer.
- All items have been paid for by myself, and I have not received reimbursement from any other party.
- I confirm I will not claim these expenses in my income tax return at the end of the financial year.

Employee Signature: _____ Date: / /

Employer Signature: _____ Date: / /