

FORM D – EXPENSE CLAIM FORM

This form is to submit manual reimbursement claims against your living expenses, meal entertainment and venue hire expenses, and/or car parking expenses benefits. Please submit this form with supporting documents to info@salarymasters.com.au or call us on **1300 303 357** for further information.

Your Details			
Full Name			
Residential Address			
Mobile Phone Number		Work Phone Number	
Email Address			

Benefit to be Claimed
<input type="checkbox"/> Living Expenses
<input type="checkbox"/> Meal Entertainment and Venue Hire (only available to employees of FBT Exempt organisations)
<input type="checkbox"/> Car Parking

Banking details (for direct reimbursement)			
Account Name			
BSB		Account Number	

Please deposit funds into my nominated account for out of pocket expense(s) – attached paid tax invoice/proof of payment.

Date of Transaction	Description	Amount (incl GST)

Declaration

I declare that the expense(s) have been incurred and have not already been salary packaged. I have attached a valid tax invoice/ proof of payment to substantiate my expenses(s). I understand that the claimed expense(s) cannot be used for other tax deduction purposes.

Employee Signature: _____ Date: / /