





Additional Evidence Form

- + Use this form to submit additional evidence for your existing salary packaged benefits to ensure continual payments to your account.
- + For meal entertainment/accommodation claims, please visit our website to download the appropriate claim form.

We'd love to hear from you

If you have a question about this form, or any of your salary packaging benefits:

-  1300 40 80 46
-  customersupport@salarypackagingplus.com.au
-  www.salarypackagingplus.com.au
-  Level 12, 717 Bourke Street, Docklands, VIC 3008

Name	<input type="text"/>	Date of birth	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
Employer	<input type="text"/>	Payroll ID	<input type="text"/>
Email	<input type="text"/>	Phone no.	<input type="text"/>

Please complete below for additional evidence you wish to add to your account. Provide copies and attach to this form:

EVIDENCE EXAMPLES

Mortgage: loan statement showing your name, minimum repayment amount and frequency

Rent: rental agreement or letter from real estate/landlord stating the amount and frequency

Credit Card: credit card statement(s) showing the repayments you have made

Other: tax invoices/bill with proof of payment

Packaged item	Date range	Amount	Evidence provided
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Declaration

- I have read and agree to the terms of salary packaging as set by my employer and [SalaryPackagingPLUS](#)
- The above expenses have been paid by me and have not been reimbursed by my employer or any other party
- I have not previously claimed these expenses through another employer or prior salary packaging arrangement
- The above expenses have not and will not be claimed as a tax deduction
- I acknowledge that any incorrect information provided to SalaryPackagingPLUS that results in a Fringe Benefits Tax liability will be my responsibility
- I have read and agree to the Privacy Policy which can be found at <https://www.leaseplusgroup.com.au/privacy>

Signature	<input type="text"/>	Date	<input type="text"/>
-----------	----------------------	------	----------------------