





# Otherwise Deductible Claim Form

- + Use this form to claim reimbursement for an Otherwise Deductible expense that would qualify for this benefit.
- + For more information, please contact our office.

## 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

## Your details

Organisation name	<input type="text"/>	Payroll no.	<input type="text"/>
Full name	<input type="text"/>	Contact number	<input type="text"/>
Email	<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"/>

## Your claim

Please advise the name of the expense you wish to claim and the total cost below. Please retain original receipts for your own records and attach a copy.

Name of Otherwise Deductible Expense you are claiming:

Total value of Otherwise Deductible Expense Claim: \$

I authorise SalaryPackagingPLUS to reimburse the above expense over:  Pay periods

## Declaration

- I have read and agree to the terms of salary packaging as set by my employer and [SalaryPackagingPLUS](#)
- I have not previously claimed these expenses through a salary packaging arrangement with another employer
- I confirm that my claim meets ATO requirements
- All receipts have been paid for by myself and have not been reimbursed by any other party
- I confirm that by claiming this expense through salary packaging, I will not include this expense in my tax return at the end of this financial year
- I have read and agree to the Privacy Policy which can be found at <https://www.leaseplusgroup.com.au/privacy>

Signature  Date