

Meal Entertainment Claim Form

Use this form to claim reimbursement for Meal Entertainment expenses. For more information please refer to the Meal Entertainment information page on our website.

1. Your Details *(Please confirm who you are and where you work):*

Organisation Name: Payroll No:

Full Name: Unique ID:

Your Gross Annual Salary:

2. Your Claim:

Please add up the total value of your receipts and complete the list on page 2. Provide copies of the receipts and keep the originals for your own records.

Total Value of Meal Entertainment Expenses: \$

SalaryPackagingPLUS requests you submit your claim when you have accumulated a minimum of \$100 in receipts.

I authorise SalaryPackagingPLUS to reimburse the above expenses over:

_____ Pay Periods

OR

From my Meal Entertainment Fund or Accumulated Balance

I don't have a Meal Entertainment Fund and would like to nominate the following amount per fortnight: \$

OR

From the balance of funds on my Meal Entertainment Card

I request reimbursement to be made to the following account:

Account Name	Bank	BSB	Account Number	Transaction Reference Number

3. Declaration

- I have read and understand the information about this benefit on the SalaryPackagingPLUS website.
- I have not previously claimed these expenses through a salary packaging arrangement with another employer.
- I have attached proof of purchase to this Claim Form that meets the ATO requirements.
- All receipts have been paid for by myself or my partner and have not been reimbursed by any other party.

Signature: Date: / /

