

Living Away From Home Benefit Application Form

- You can claim reimbursement of expenses incurred from living away from your usual place of residence for work related purposes.
- + You must maintain a home in Australia that is readily available for your use
- You can only claim expenses for the first 12 month period at a particular work location

Get in Touch

We'd love to hear from you

If you have a question about this form, or any of your Salary Packaging Employee Benefits:

1300 402 523

nswhealth@salarypackagingplus.com.au

www.salarypackagingplus.com.au

Level 12, 717 Bourke St, Docklands, VIC 3008

Section A - Employee details

Please complete all applicable fields. Please ensure to provide a home contact in case your circumstances change.

Employee name						
Employer			Payroll ID			
Email			Mobile number			
Section B -	Declaration of maintaining an	Austr	alian h	ome		
I	(name of the empl	oyee) decl	are that the	address I usu	ually reside at in Aus	tralia is
Home address of employee	street address					
	suburb		state		postcode	
	Either myself or my spouse have an ownership interest in the unit of accommodation located at the address stated above. This residence continues to be available at any time for my immediate use and enjoyment during the period that the duties of my employment require me to live away from it and it is where I expect to resume living when that period ends; and					
from	DD/MM/YYYY	to				
	when the duties of my employment required me to live away from where I usually reside when in Australia, I actually resided at the following addresses					
Temporary address of employee	street address					
	suburb		state		postcode	
Signed		Date				

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For NSW Health Employees



Section C - Expenses Declaration

- + You must retain documentary evidence of these expenses for a period of five years starting from the declaration date.
- + Examples of substantiation include a rental agreement and invoices/receipts in relation to expenses.

I	(name of the emplo	oyee) ded	clare that the address I usu	ally reside at in Australia is
Home address of employee	street address			
	suburb		state	postcode
from	DD/MM/YYYY	to	DD/MM/YYYY	

I have incurred the following expenses for which a living-away-from-home allowance fringe benefit has been provided

Accommodation claims

(including accommodation expenditure for all eligible family members living with me during the above period.)

Name of accommodation and address	Date of Receipt	Amount	Evidence Attached
Eg: Tax invoice from accommodation		\$70.85	
The total amount of accommodation expenses for which I can substantiate with documentary evidence is:		\$	

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For NSW Health Employees



Food and/or drink claims

(including food or drink expenditure for all eligible family members living with me during the above period).

Item	Date of Receipt	Amount	Evidence Attached
	:		
I have incurred expenses which exceed the amount that the Commiss considers reasonable for food and drink expenses for the above perio		\$	
my food or drink expenses which I can substantiate with documentar			
I have read and agree to the Privacy Policy which can be found	at http://www.salarypa	ckagingplus.com.au/	nswhealth/privacy
	D .		
Signed	Date		
SalaryPackagingPLUS use only			
Authorised on behalf of NSW Health by:			
Signature	Date		
Print name			

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