

Employee Benefits Application Form

Meal Entertainment Claims





- + Use this form if you wish to manually claim your meal entertainment benefit by submitting receipts.
- + You can also submit your receipts via our online portal, contact us for more information.

- I am a new customer (please complete section A)
- I am an existing customer (please complete section B)

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
-  PO Box 7066, Melbourne VIC 3004

Section A - Your Details

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

Title	<input type="text"/>	Legal Name	<input type="text"/>							
Gender	<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"/>
Payroll ID	<input type="text"/>		Preferred Name	<input type="text"/>						
Employer	<input type="text"/>									
Facility/Hospital	<input type="text"/>		Pay cycle name (if known)	<input type="text"/>						
Employment Status	<input type="checkbox"/> Full/Part Time	<input type="checkbox"/> Casual	<input type="checkbox"/> Fixed Term Contract and End Date	<input type="text"/>						
Home Address	<input type="text" value="street address"/>									
	<input type="text" value="suburb"/>		<input type="text" value="state"/>	<input type="text" value="postcode"/>						
Postal Address (if different to above)	<input type="text" value="street address"/>									
	<input type="text" value="suburb"/>		<input type="text" value="state"/>	<input type="text" value="postcode"/>						
Primary Email	<input type="text"/>		Secondary Email	<input type="text"/>						
Home Phone	<input type="text"/>		Mobile	<input type="text"/>						
Work Phone	<input type="text"/>									
Are you a Staff Specialist?	<input type="checkbox"/> Yes	Have you salary packaged at any other NSW Health agency since April 1?	<input type="checkbox"/> Yes. Specify where	<input type="text"/>						
	<input type="checkbox"/> No		<input type="checkbox"/> No							

Section B - Existing Customers

Name

Date of Birth

Payroll ID

Guideline for receipts

Please ensure your meal entertainment receipts are:

- + Itemised**
- + For two or more main meals**
- + Over \$15.00 (inc. GST)**
- + For dine-in meals only - receipts marked 'take away' or 'drive-thru' will not be accepted**

Salary Packaging

You can salary package your meal entertainment expenses and submit receipts for reimbursement. We will deposit your payment directly to your nominated bank account on presentation of sufficient substantiation.

Electronic receipts are acceptable unless you are submitting a claim for a home function in which case original, fully itemised receipts must be provided.

Claim Details

I authorise SalaryPackagingPLUS to reimburse these claims over:

pay periods **OR**

From my Meal Entertainment Fund
 I don't have a Meal Entertainment Fund, please set up ongoing deduction of per pay cycle **OR**

From the balance of funds on my Meal Entertainment Card

Reimbursement Details

Meal Entertainment claims

For home function or travel/accommodation claims please turn over the page

Name of Cafe / Restaurant	Date of Receipt	Amount	Evidence Attached
<i>Eg: Tax invoice from restaurant</i>		\$70.85	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Home function/self-catering claims

Home functions are special occasions catered for by yourself at your home or other venue.

You must provide original, itemised receipts. The receipts must contain only food and drink for the specified event and not be older than 14 days prior to the function. Guests attending must include people outside your normal household.

Date of function

Reason for function

Number of guests attending not part of usual household

Item	Date of Receipt	Amount	Evidence Attached
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Travel/accommodation claims

You can claim taxi travel to and from the meal entertainment venue and/or one night’s accommodation if it is directly associated with and for the sole purpose of the meal entertainment event. This claim must be accompanied by a corresponding meal claim.

Item	Date of Receipt	Amount	Evidence Attached
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Financial Institution	
<input type="text"/>	
BSB Number	Account Number
<input type="text"/>	<input type="text"/>
Account Name	
<input type="text"/>	

Complete Your Application

Please tick those which apply to you:

<input type="checkbox"/>	I have a Study and Training Support Loan (STSL) (previously known as HECS-HELP)
<input type="checkbox"/>	I do NOT claim the Tax-Free Threshold with this employer

Declaration

I declare the following:

- I am eligible to participate in NSW Health's salary packaging program
- I have read and agree to the terms and conditions of salary packaging as set by [NSW Health](#) and [SalaryPackagingPLUS](#)
- I authorise payroll deductions to enable payment of the above meal entertainment expenses and administration fee
- I understand that benefit payments can only be made following deduction from my salary, and that non payment of salary will result in non payment of the benefit if there is insufficient balance in my salary packaging account
- I acknowledge that it is my responsibility to confirm what effect, if any, this salary packaging will have on any government payments I receive or are required to make
- I acknowledge that salary packaging may result in a reportable fringe benefit on my annual payment summary or income statement
- I acknowledge the information provided by SalaryPackagingPLUS does not constitute financial or taxation advice
- The above expenses have been paid for by myself and have not been reimbursed by my employer or any other party
- I have not already paid for the above expenses with my Meal Entertainment or Everyday Purchase card
- I have not and will not claim the above expenses as a tax deduction
- The information provided in this form is true and correct to the best of my knowledge

I have read and agree to the Privacy Policy which can be found at <http://www.salarypackagingplus.com.au/privacy>

Signed

Date