

Otherwise Deductible Expense 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 on 1300 40 80 46.

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 advise the name of the expense you wish to claim and the total cost below. Then attach a copy of your receipt to this claim form.

Name of the Otherwise Deductible Expense You Are Claiming:

Total Value of Otherwise Deductible Expense Claim:

\$

I authorise SalaryPackagingPLUS to reimburse the expense over:

Pay Periods

I request reimbursement to be made to the following account:

Account Name	Bank	BSB	Account Number	Transaction Reference Number

4. Declaration

- I have attached a copy of the tax invoice/receipt from the supplier as evidence of the Otherwise Deductible Expense.
- I have not previously claimed these expenses through a salary packaging arrangement with another employer.
- I confirm that my claim meets the 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.

Signature:

Date: / /