

## Meal Entertainment Expense Claim Form

### My Details

Title	First Name	Surname
Email		Mobile
Employer's Name		

### Reimbursement Claim

To substantiate this claim, please provide the tax invoices and receipts for all expenses you are including on this claim.

**If we don't receive the tax invoices and receipts we can't process the payment.**

Date Paid	Expense Type (e.g. Restaurant Meal, Accommodation, Dinner/Dance, etc.)	Amount Paid
		\$
		\$
		\$
		\$
		\$
Total to be reimbursed		\$

### Deposit Information

<input type="checkbox"/> EFT, or <input type="checkbox"/> B-Pay	BSB or Biller Code	Account or Reference	Account Name
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### The Declaration

- I acknowledge that I have read the 'Guide to Meal Entertainment & Entertainment Facility Leasing' and agree to observe the requirements regarding the proof of expenditure.
- I understand that I will receive a reimbursement for the expenses detailed only if there are sufficient available funds held in my salary packaging account with the Salary Packaging People.
- I have supplied copies of the substantiation documents required to be submitted with this form.
- I will retain in good condition all original copies of the supporting invoices for a period of 5 years.
- The information I have provided is true and correct and I understand that the submission of false or misleading information may lead to tax offence prosecution and result in my claim being denied.
- I declare that the notation of my name in the following 'Signature' section is an electronic representation of my signature for all purposes required in this document, just the same as my normal pen-and-paper signature.

Date	Signature	← "bg/rhGj[ bUh fY"<YfY
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### Privacy

To read our privacy policy, please visit [www.salarypackagingpeople.com.au/home/privacy-statement/](http://www.salarypackagingpeople.com.au/home/privacy-statement/)

### Terms and Conditions

1. If you have regular payments made, e.g.. lease payment, insurance, these will take precedence over this claim being paid.
2. If you don't fully complete this form, and provide all the supporting documentation, we may return your claim because we can't make the payment.
3. If we suspect that you have made a false claim, we are required to advise your employer who may deny you access to the salary packaging program.

**Email to:** info@salarypackagingpeople.com.au  
**Post to:** PO Box 669, Geelong VIC 3220

**Fax to:** 03 5229 9621  
**Deliver to:** 2/396 Latrobe Terrace, Newtown

The Salary Packaging People  
 ABN 72 920 644 642

**Phone** 03 5229 4200  
[www.salarypackagingpeople.com.au](http://www.salarypackagingpeople.com.au)