

# Meal Entertainment Expense Claim Form



Title First Name Last Name Mobile Number Employer Name



## Reimbursement Claim

To have this claim processed, please provide clear copies of the relevant tax invoices and proof of payment. **If we don't receive the tax invoices and proof of payment, we are not able to process this claim.**

Business / Restaurant / Venue Details	Transaction Date	Amount	Evidence Attached
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Total claim amount



Please note that the minimum transaction amount is \$15.00 (AUD) and the minimum total claim is \$200.00 (AUD). Claims will not be processed if they do not meet this criteria or the evidence provided is not compliant. Please refer to the Guide to Salary Packaging - Meal Entertainment or contact us for further information.

## Bank Account Details

Please use my existing bank account on file

Account Name

BSB or Biller Code

Account Number

Reference

Bank Statement Attached



If you have nominated an account or biller that we haven't paid to before, to comply with regulations you must supply a recent clear copy of a statement for that account. The statement must show your name, the institution name and the account/payment details on the one document. Recent means within the last 6 months.

# Meal Entertainment Expense Claim Form



## The Declaration

### By submitting this form

- I declare that I have read the 'A Guide to Salary Packaging 'Meals Entertainment & Entertainment Facility Leasing''.
- I confirm that I have read my Employer's Salary Packaging Policy and I am eligible to participate in my employer's salary packaging program.
- I confirm that I have read and understand all the Terms and Conditions for Salary Packaging issued by my employer and/or The Salary Packaging People (TSPP).
- I authorise my employer to deduct the required amounts and applicable fees from my salary for the payment of this claim.
- I understand that payment of this claim can only occur if my salary has been deducted for these expenses. If TSPP do not have sufficient funds, TSPP will only pay the amount received less any relevant fees and charges.
- I acknowledge that it is solely my responsibility to obtain my own financial advice independent of TSPP and my employer.
- I confirm that to the best of my knowledge, all the details provided in this claim (including the supplied evidence) are true and correct and I understand that by supplying false or misleading information I am directly responsible for any payment of penalties and/or costs incurred by my employer and/or TSPP.
- I confirm that I have not already paid for any of the expenses with the supplied Salary Packaging Card.
- I confirm that I have not and will not claim any of the expenses in this claim from my employer, through any other salary packaging arrangement or through a tax deduction.
- I confirm that in the event that the expense(s) subject to this claim have been incurred equally with my associate/family member, that person has authorised me to receive the full reimbursement and they will not claim this expense separately.
- I confirm that I will retain in good condition copies of the supplied evidence for a period of 5 years.
- I confirm that the notation of my name in the following 'Signature' section is an electronic representation of my signature for all purposes required in this form, just the same as my normal pen-and-paper signature.

By ticking this box I agree that this signature is acceptable in its digital form

Date

Signature