

Meal Entertainment Expense Claim Form

My Details

Title		First Name		Surname	
Email				Mobile	
Employer 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 (Inc GST)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total to be reimbursed		\$

Deposit Information

EFT <input type="checkbox"/>	BSB or Biller Code	Account or Reference	Account Name
or BPAY <input type="checkbox"/>			

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 Shakespeare Salary Packaging.
- 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.

Date: _____ Signature: _____

Email to: info@shakespeareassociates.com.au

Fax to: 03 5229 9621

Post to: P O Box 669, Geelong VIC 3220

Deliver to: 69 Pakington Street, Geelong West