



1. Employee Name	Employee Number
Email	Phone Number

Please note the following conditions:

- **Copy** of the tax invoice must accompany your claim that clearly identifies the expenditure relating to the airline lounge membership.
- There's no limit on the number of airline lounges you can join – you can package as many as you like
- You can only package airline lounge membership fees that you have paid – if they've been paid by anyone else, including your spouse or your employer/business, they cannot be salary packaged.
- The airline lounge membership can be for anyone – you can package membership costs for a family member.
- An Administration fee of \$30 + 4% of the claimed amount will be applied to each claim submitted.
- Eastern Health Everyday Expenses or Entertainment Benefit cards are not to be used to purchase the airline lounge membership
- All unsigned reimbursement claim forms will not be processed and will be returned unpaid.

2. Details of Expenses being claimed: (Please use the reverse side of this form if insufficient space)

Payment Description	Payment Date	Amount Paid
Total Claim Submitted:		\$

3. Bank Account Details: (Please nominate bank account to where funds should be deposited)

Bank Account Name	BSB	Account Number

4. Pay Deductions - Please nominate the number of pay periods you would like the claim to be deducted
(Please note: where you do not nominate deductions, your claim will be deducted over the least amount of pays)

Pays:

5. Taxation Declaration

- I declare that I understand and have complied with the above conditions.
- I declare that I have not or will not make duplicate claims for reimbursement for the same expense from Eastern Health. The receipts attached have not been and will not be used by any other person.
- I declare that the expenses as claimed on this reimbursement have been incurred by myself to be used primarily for work related purposes.

Employee Signature	Date

