

REIMBURSEMENT CLAIM FORM: ENTERTAINMENT BENEFIT

easternhealth

SALARY PACKAGING

1: PERSONAL DETAILS

| | |
|-------------------------------|---------------------------------|
| Employee Name REQUIRED | Employee Number REQUIRED |
| Email | Phone Number |

Please note the following conditions:

- **PAID** tax invoice must accompany your claim (Fully Paid or Partially Paid/Deposit will be accepted)
- Only the following may be claimed as Entertainment benefit:
 - (a) Hire of holiday accommodation – e.g. Motels, Hotels, Caravans, Cabins, campsite
 - (b) Hire of a reception centre or function room, marquee or tent
 - (c) Hire of a yacht or plane in its entirety for a holiday or social event
 - (d) Accommodation in a ship, vessel (such as a cruise, or sleeper cabin on a train)
 - (e) Hiring cost of a mobile home, campervan or Winnebago
 - (f) An all-inclusive holiday package (including flights, accommodation, tours, meals)
 - (g) Dining out expenses (eg. Restaurants, bistros, cafes, pubs, clubs)
 - (h) Individual dining out receipts must be in excess of \$15 and include a Meal (note: Takeaway, Drive thru or pickup along with light snacks, coffee and cake only are not considered meal entertainment)
 - (i) Catering costs of a party, where a catering service has been hired
 - (j) Receipts will expire and must be submitted within 12 months from date of the receipt.
- An administration fee of 5% of the claimed amount will be applied to each claim submitted
- Eastern Health Everyday Expenses or Entertainment Benefit visa cards are not to be used to pay for any Holiday Accommodation or Venue hire in any reimbursement claims
- Overseas expenses must be converted to Australian Dollars
- Any more than 3 claims per FBT year may incur a \$50 processing fee.

2: DETAILS OF EXPENSES BEING CLAIMED (Please use the reverse side of this form if insufficient space)

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

3: BANK ACCOUNT DETAILS (Please nominate bank account to where funds should be deposited)

| 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, partner or family member within my household.

| | |
|--------------------|-----------------|
| REQUIRED | REQUIRED |
| Employee Signature | Date / / |



OTHER BENEFITS

| Date <i>(Must be dated within 12 months of claim)</i> | Description of Expense <i>Below items aren't claimable: (Drive Thru • Takeaway • Delivery or Pickup • Drinks Only • Coffee and Cake or light snacks • Zouki Receipts • Flights Only)</i> | Amount Paid |
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| TOTAL: | | \$ |