

Reimbursement Claim Form Non-Compulsory Uniform

easternhealth

SALARY PACKAGING

| | |
|-------------------------|------------------------|
| 1. Employee Name | Employee Number |
| Email | Phone Number |

Please note the following conditions:

- **COPY** of the receipt (s) and / or paid tax invoice from **Lee St John Corporate Fashions**
- Claimed non-compulsory uniform invoices **must** be in excess of \$100 - Shoes, socks and stockings cannot be packaged
- Eastern Health non-compulsory work uniform has been registered and approved by the Secretary of the Commonwealth Department of Innovation, Industry, Science and Research in accordance with the approved Occupational Clothing Guidelines 2006. The approval registration number is CW75062
- The work uniform **must** be worn by you as an entirety or set, rather than individual pieces. The constant wearing of occupational clothing items in conjunction with conventional clothing may lead to the conclusion that the clothing is simply a collection of ordinary conventional clothing and not eligible to be salary packaged.
- Salary packaging a uniform expense is merely a timing benefit as you are eligible to claim the deduction in your personal income tax return and receive the same tax benefit.
- An Administration fee of 4% of the claimed amount will be applied to each claim submitted.
- All unsigned reimbursement claim forms will not be processed and will be returned unpaid.
- Eastern Health Everyday Expenses or Entertainment Benefit visa cards are not to be used to pay for any Non-Compulsory Uniform Claims

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, partner or family member within my household.

| | |
|---------------------------|-------------|
| Employee Signature | Date |
|---------------------------|-------------|

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