

# Reimbursement Claim Form

## Work Related Expenses

(Professional Development, Trade Subscriptions, & Memberships)

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
- Professional development expenses can be salary packaged as an FBT Exempt benefit item i.e. **only** those registration fees for courses, seminars and conferences that are **connected with your current employment activities**, and must be required to maintain or improve relevant skills or knowledge in your current position.
- Professional Memberships and subscriptions are allowable expenses e.g. Union Fees, professional magazine subscriptions
- Professional Development Travel costs to and from the location of the conference or work related event.
- Incidental Costs related to your Professional Development costs such as; accommodation, food, reference material may be claimed where the primary purpose of the travel was to attend the event.
- Eastern Health Everyday Expenses or Entertainment Benefit Visa Cards are not to be used to purchase Portable Electronic Devices
- An Administration fee of \$30 + 4% of the claimed amount will be applied to each claim submitted

**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

**Business Use Endorsement**

Claim **MUST** be co-signed by your Associate Program Director / equivalent or above

Full Name	Signature	Date

