

Meals, Accommodation, Venue Hire Claim Form

Please complete the highlighted fields and return to Eziway:

admin@eziway.net.au | PO Box 987 Pakenham Vic 3810 | eziway.net.au

Your details

Title Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mx <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>	First Name(s) <input type="text"/>	Family Name <input type="text"/>
Payroll ID <input type="text"/>	Employer Name <input type="text"/>	Total Value <input type="text"/>

Declaration

- I declare I have personally paid for the Meal Entertainment Benefit expense and did not receive any form of payment or contribution from a third party.
- I declare the expenses claimed have not been paid with an Eziway provided Salary Packaging or Entertainment Benefits card.
- I declare that these expenses have not been claimed or reimbursed previously through Salary Packaging.
- I understand Eziway will only reimburse my receipts provided they are deemed eligible under section 37AD of the Fringe Benefits Tax Assessment Act and Australian Taxation Office interpretive decisions with regard to Meal Entertainment and Entertainment Facility Leasing expenses.
- The total value of receipts provided is over the minimum \$500 claim. I have provided itemised receipts, written or printed in English.
- I acknowledge that Eziway is obliged to refer any false claim submitted for reimbursement to my employer's HR department or Executive Officer.
- I have provided itemized receipts (minimum \$15 per receipt), written or printed in English.
- I understand that once I have submitted my claim, all future claims and receipts must be post the previous claim date.

Signature(s)

Date <input type="text"/>	Signature <input type="text"/>	Where any of the above expenditure is incurred jointly with my associate, they have authorised me to receive their share of the reimbursement.
Date <input type="text"/>	Associate <input type="text"/>	

Payment instructions

Please reimburse: @ \$101.90 ongoing OR over the next fortnights / pay cycles (per fortnight as per gross salary)

Confirm bank details

Account holder(s) e.g. R A & MJ Williams <input type="text"/>	BSB 6 digits <input type="text"/>	Account number max 9 digits <input type="text"/>
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Bank Account(s) for deposit of funds

Disclaimers:

The information contained above on electronic and printed collateral is for information purposes only. Whenever you are making decisions that affect your income and financial affairs, you should consider seeking independent financial advice | E. & O. E. | Copyright 2024 Eziway Salary Packaging |



SALARY PACKAGING PTY LTD

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