

REIMBURSEMENT CLAIM FORM: WORK RELATED EXPENSES

(Professional Development, Trade Subscriptions
and Memberships)

Eastern Health

SALARY PACKAGING

1: PERSONAL DETAILS

Employee Name REQUIRED	Employee Number REQUIRED
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 Work Related expenses
- An Administration fee of 5% 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.
- All reimbursements will be made via EFT to your nominated bank account.

2: DETAILS OF EXPENSES BEING CLAIMED

Payment Description	Payment Date	Amount Paid
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 to be used primarily for work related purposes.

REQUIRED

Employee Signature

REQUIRED

Date / /

BUSINESS USE ENDORSEMENT

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

REQUIRED

Endorsed by -
sign & print name

REQUIRED

Date / /

