

Meal Entertainment Claim Form



Use this form to claim reimbursement for Meal Entertainment expenses. For more information please refer to the Meal Entertainment Factsheet on our website.

1. Your Details *(Please confirm who you are and where you work):*

Organisation Name: _____ Payroll No: _____

Full Name: _____ Salary Options Unique ID: _____

Your Gross Fortnightly Salary: _____

2. Your Claim:

Please add up the total value of your receipts and complete the list on page 2. Provide original receipts and keep copies for your own records.

Total Value of Meal Entertainment Expenses: \$

Salary Options requests you submit your claim when you have accumulated a minimum of \$400 in receipts.

I authorise Salary Options to reimburse the above expenses over:

_____ Pay Periods

OR

From my Meal Entertainment Fund or Accumulated Balance

I don't have a Meal Entertainment fund and would like to nominate the following amount per fortnight: \$

OR

From the balance of funds on my **Meal Entertainment Card**

I request reimbursement to be made to the following account:

| Account Name | Bank | BSB Number (or Biller Code for Credit Card) | Account Number or Credit Card Number | Transaction Reference Number |
|--------------|------|---|--------------------------------------|------------------------------|
| | | | | |

3. Declaration

- I have read and understand the information on the Salary Options Factsheet for the benefit that I have elected to package.
- I have not previously claimed these expenses through Salary Packaging.
- I have attached proof of purchase to this Claim Form that meets the ATO requirements.
- All receipts have been paid for by myself or my partner and have not been reimbursed by any other party.

Signature: _____ Date: / /

