

## Meal Entertainment Expense Claim Form

### My Details

Title		First Name		Surname	
Email				Mobile	
Employer Name					

### Reimbursement Claim

To substantiate this claim, please provide the tax invoices and receipts for all expenses you are including on this claim.  
**If we don't receive the tax invoices and receipts we can't process the payment.**

Date Paid	Expense type (e.g. Restaurant Meal, Accommodation, Dinner/Dance, etc.)	Amount Paid (Inc GST)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total to be reimbursed		\$

### Deposit Information

EFT <input type="checkbox"/>	BSB or Biller Code	Account or Reference	Account Name
or BPAY <input type="checkbox"/>			

### The Declaration

- I acknowledge that I have read the 'Guide to Meal Entertainment & Entertainment Facility Leasing' and agree to observe the requirements regarding the proof of expenditure.
- I understand that I will receive a reimbursement for the expenses detailed only if there are sufficient available funds held in my salary packaging account with Shakespeare Salary Packaging.
- I have supplied copies of the substantiation documents required to be submitted with this form.
- I will retain in good condition all original copies of the supporting invoices for a period of 5 years.
- The information I have provided is true and correct and I understand that the submission of false or misleading information may lead to tax offence prosecution and result in my claim being denied.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Email to: [info@shakespeareassociates.com.au](mailto:info@shakespeareassociates.com.au)

Fax to: 03 5229 9621

Post to: P O Box 669, Geelong VIC 3220

Deliver to: 69 Pakington Street, Geelong West