

**Salary Packaging**  
 Curtin University of Technology  
 GPO Box U1987 Perth  
 Western Australia 6845  
 A.B.N 99 143 842 569

**PRIVATE & CONFIDENTIAL**

Phone: (08) 9266 3860  
 Fax: (08) 9266 3930

## SALARY PACKAGING REIMBURSEMENT CLAIM FORM

Employee's Name	ID Number
Internal Address	Phone No

**Note:**

Original tax invoice must be attached before reimbursement is made.

GST Y/N	Description of Expense Claim List each claim separately	Amount Claimed		Office Use Only	
				Code	Original
	Claim 1				
	Claim 2				
	Claim 3				
	Claim 4				
	Claim 5				
	<b>TOTAL CLAIM</b>	<b>\$</b>			

**Fuel is required to be purchased with your fuel card. If your claim is for fuel please tick one of the only valid reasons below:**

<input type="checkbox"/>	<i>New Car Package – Still waiting for fuel card.</i>
<input type="checkbox"/>	<i>Remote Locality or Service Station will not accept fuel card. Service Station: _____</i>

**Employee's Declaration**

I, the Employee named above, declare that I have personally incurred the above expenses, and they have been negotiated with the University to be deducted via Salary Sacrifice from my Package in accordance with the Terms and Conditions of the University's Salary Packaging Program and as otherwise directed by the University.

<b>Employee's Signature</b>	<b>Date</b>
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**Office Use Only**

Employee \_\_\_\_\_ Date Processed \_\_\_\_\_

Bank A/C Details \_\_\_\_\_