

Salary Sacrifice Claim Form



Phone 1800 082 006

Name :

Address:

Contact Phone:

A copy of the original tax invoice / proof of purchase (where the product, amount and GST are clearly identifiable) must be attached to this claim before any reimbursement is made.

Payment Description	Amount (inc. GST)	Amount Claimed \$ or %	Is this an ongoing claim?
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Please make the required deduction(s) in full
Please make the required deduction(s) over a period of time:

\$ per pay, over pay cycles

Note: this option is subject to PayMe approval.

I declare that the above expense(s) is directly related to my work, I understand and acknowledge that:

1. I am wholly responsible for this salary sacrifice claim.
2. I am responsible for obtaining independent financial advice regarding the salary sacrifice of this item and PayMe accepts no liability should I fail to seek financial advice or for any financial advice I have independently sought.
3. PayMe accepts no liability should I incur additional income tax or other costs, now or in the future, as a result of this salary sacrifice claim
4. I agree to reimburse PayMe the full cost of any Fringe Benefits Tax liability or penalty incurred as a result of this salary sacrifice claim.
5. If my contract terminates before the full amount is able to be salary sacrificed, any outstanding amount will be deducted from my final pay.

Signature:

Date: