



## Claim for Reimbursement of Expenses Incurred

|          |  |         |  |
|----------|--|---------|--|
| Name     |  | CNumber |  |
| Position |  | School  |  |

### I wish to submit the following claim for expenses incurred:

|                                         |  |    |
|-----------------------------------------|--|----|
| Travel expenses                         |  | \$ |
|                                         |  | \$ |
| Accommodation expenses                  |  | \$ |
|                                         |  | \$ |
| Meal expenses                           |  | \$ |
|                                         |  | \$ |
| Other expenses<br>(Include description) |  | \$ |
| Total claim                             |  | \$ |

**Note:** By signing this, you are authorising Payroll to provide banking details to Finance to enable electronic funds transfer (EFT) of this payment. We will advise you by email when these funds have been credited to your bank account.

|                                                                                                                        |                                                                                                                                                                                                                      |          |                       |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------|
| General ledger<br>account no.                                                                                          |                                                                                                                                                                                                                      | eReq no. |                       |
|                                                                                                                        | (For office use only)                                                                                                                                                                                                |          | (For office use only) |
| Declaration                                                                                                            | I confirm that the information provided in this expense claim is accurate and complete. I have identified any private components and excluded them in accordance with applicable MACS policies and FBT requirements. |          |                       |
| Signed                                                                                                                 |                                                                                                                                                                                                                      | Date:    |                       |
|                                                                                                                        | (Employee)                                                                                                                                                                                                           |          |                       |
| Signed                                                                                                                 |                                                                                                                                                                                                                      | Date:    |                       |
|                                                                                                                        | (Principal)<br>for expenses up to \$2500                                                                                                                                                                             |          |                       |
| Principal, please ensure that your senior manager, school leadership has signed off on your individual reimbursements. |                                                                                                                                                                                                                      |          |                       |
| Signed                                                                                                                 |                                                                                                                                                                                                                      | Date:    |                       |
|                                                                                                                        | (Senior Manager, School Leadership)<br>for expenses between \$2500 and \$5000,<br>and principal reimbursements                                                                                                       |          |                       |

## FBT return advice

| Date of expense | Purpose of event | Total amount | Venue and name/s of clients | Total no. attending | Total no. for which FBT is payable |
|-----------------|------------------|--------------|-----------------------------|---------------------|------------------------------------|
|                 |                  |              |                             |                     |                                    |

Combine supporting receipts with this form in one PDF.

### Fringe benefits tax guidelines for payment

Fringe benefits tax (FBT) is payable on some expenses when an employer directly pays for or reimburses an employee's expenses unless specifically exempt.

The most common form of expense is for the payment or reimbursement of entertainment expenses in a social or leisure context (e.g. team-building dinners, client lunches, Christmas functions). Entertainment provided for genuine business purposes may be partially exempt from FBT (e.g. client meetings, official functions).

For example, where an employee entertains a client for a meal, either alone or together with other staff, FBT is payable on the amount expended on meals and refreshments for school employees only (excluding religious staff). Light refreshments during meetings are generally exempt from FBT (e.g. morning and afternoon teas).

#### Scenarios

1. For two employees and four clients, FBT is payable for the two employees only.
2. For six employees (including two religious staff) and four clients, FBT is payable for four employees only.
3. For 12 employees (including one religious staff), FBT is payable for 11 employees only.

It is essential that the following information be included at the base of each claim form (showing as indicated on the form):

- the date of the expense
- the purpose of the event
- the total amount of the bill
- the venue and name/s of the clients being entertained
- the total number attending
- the total number for which FBT is payable.