





Meal Entertainment Claim Form

- + Use this form if you wish to manually claim your meal entertainment benefit by submitting receipts.
- + You can also submit your receipts via the MySalPack app, available in the app store or [online](#).

Get in Touch

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-  www.salarypackagingplus.com.au
-  Level 12, 717 Bourke Street
Docklands, VIC, 3008

Name

Date of Birth Mobile number

Payroll ID

Employer

Email address

Salary Packaging

You can salary package your meal entertainment expenses and submit receipts for reimbursement. We will deposit your payment directly to your nominated bank account on presentation of sufficient evidence.

Guideline for receipts

Please ensure your meal entertainment receipts are:

- + Itemised
- + For meals with two or more people present
- + Over \$15.00 (inc. GST)
- + For dine-in meals only – receipts marked 'take away' or 'drive thru' will not be accepted

Claim Details

I authorise SalaryPackagingPLUS to reimburse these claims over:

- pay periods **OR**
- From my Salary Packaging Account Balance **OR**
- From the balance of funds on my Meal Entertainment Card

Reimbursement Details

Meal Entertainment claims

For home function claims please turn over the page

Name of Cafe / Restaurant	Date of Receipt	Amount	Evidence Attached
<i>Eg: Tax invoice from restaurant</i>		\$70.85	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
		Total	

Travel/accommodation claims

You can claim taxi travel to and from the meal entertainment venue and/or one night’s accommodation if it is directly associated with and for the sole purpose of the meal entertainment event. This claim must be accompanied by a corresponding meal claim.

Item	Date of Receipt	Amount	Evidence Attached
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
		Total	

Home function/self-catering claims

Home functions are special occasions catered for by yourself at your home or other venue.

You must provide original, itemised receipts. The receipts must contain only food and drink for the specified event and not be older than 14 days prior to the function. Guests attending must include people outside your normal household.

Date of function Number of guests attending not part of usual household

Reason for function

Item	Date of Receipt	Amount	Evidence Attached
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Total			<input type="text"/>

Complete Your Application

Please tick those which apply to you:

I have a Study and Training Support Loan (STSL) (previously known as HECS-HELP) I do NOT claim the Tax-Free Threshold with this employer

Declaration

I declare the following:

- I am eligible to participate in NSW Health’s salary packaging program
 - I have read and agree to the terms and conditions of salary packaging as set by [NSW Health](#) and [SalaryPackagingPLUS](#)
 - I authorise payroll deductions to enable payment of the above meal entertainment expenses and administration fee
 - I understand that benefit payments can only be made following deduction from my salary, and that non payment of salary will result in non payment of the benefit if there is insufficient balance in my salary packaging account
 - I acknowledge that it is my responsibility to confirm what effect, if any, this salary packaging will have on any government payments I receive or are required to make
 - I acknowledge that salary packaging may result in a reportable fringe benefit on my annual payment summary or income statement
 - I acknowledge the information provided by SalaryPackagingPLUS does not constitute financial or taxation advice
 - The above expenses have been paid for by myself and have not been reimbursed by my employer or any other party
 - I have not already paid for the above expenses with my Meal Entertainment or Living Expenses Card
 - I have not and will not claim the above expenses as a tax deduction
 - The information provided in this form is true and correct to the best of my knowledge
- I have read and agree to the Privacy Policy which can be found at <http://salarypackagingplus.com.au/nswhealth/privacy>

Signed Date