Additional Evidence Form

- This form is for existing customers to submit additional evidence for your existing salary packaged benefits.
- For meal entertainment claims, please visit our website to download and complete the meal entertainment claim form

Get in Touch

We'd love to hear from you

- 1300 402 523
- 💙 nswhealth@salarypackagingplus.com.au
- www.salarypackagingplus.com.au

Level 12, 717 Bourke Street, Docklands, VIC, 3008

Name	Date of Birth	d	d	т	т	y	y	y	y
Employer	Payroll ID								

Please complete below for additional evidence you wish to add to your account:

Packaged Item	Date Range	Amount	Substantiation Attached
Eg: Credit card statement		\$70.85	
	Total:		

Declaration

- I have read and agree to the terms and conditions of salary packaging as set by <u>NSW Health</u> and <u>SalaryPackagingPLUS</u>
- The above expenses have been paid by me and have not been reimbursed by my employer or any other party
- I have not previously claimed these expenses through another employer or prior salary packaging arrangement
- The above expenses have not and will not be claimed as a tax deduction
- I acknowledge that any incorrect information provided to Salary PackagingPLUS that results in a FBT liability will be my responsibility
 I have read and agree to the Privacy Policy which can be found at https://www.salarypackagingplus.com.au/nswhealth/privacy

Signature

Date