

Attachment 23a

Expense Payment Declaration Form



Name: _____

Address: _____

NCB No: _____ - _____ Employer Name _____

I declare that the:

- expense payment fringe benefit (see attached) was for the repayment of my:

(please tick which is applicable)

- Personal Loan
- Car Loan
- Regular Personal Debts
- Rental Payments

- lender would not allow a direct deposit to be made into their account by the Community Business Bureau.
- amount/s paid is/are greater than, or equal to, the salary packaging reimbursement for the same period.

(Signature)

____/____/____
(Date)