

Work related expenses form (change to payroll deductions)

Employee details

Employee name:

Employer name:

NCB No.
(office use)

Please fill out the following to ensure we have the most up to date details in our system:

Employee address:

Contact number: Home:

Work:

Mobile:

Email:

Date of birth:

/

/

Deductions

Please credit the following amounts deducted from my wages by my employer to a Non Cash Benefit account, administered by Community Business Bureau (CBB).

Frequency of payment:

Start
date:

/

/

End
date:

/

/

NCB <i>(office use)</i>	Account type <i>(if applicable)</i>	Percentage <i>(if applicable)</i>	Packaging amount (\$)	Fee	Total <i>(amount or percentage)</i>	Remote <i>(if applicable)</i>

I authorise Community Business Bureau to deduct the fees indicated above from the relevant NCB account each pay period *(being the amount I must pay to cover the fee charged to my employer by CBB for their services)*.

By signing this form, I acknowledge the following:

- The work related expenses being claimed were paid in full by myself, and not by my Employer or other parties
- I have not claimed reimbursement from my Employer for these work related expenses
- I will not claim these work related expenses upon completing my tax return.

Employee signature:

Date:

/

/

CBB to arrange

Employer signature:

Employee job title:

Date:

/

/

CBB use only

REC'D:

MKTD:

After completing this form please send it to our friendly customer care team at customercare@cbb.com.au.

For more information you can call us on 1300 763 505 or visit our website at cbb.com.au.



The
Salary Packaging
People

Work related expenses form (payment request)

Employee details

Employee name:

Employer name:

NCB No.
(office use)

Work related expenses

Please attach invoice for each claimable item listed below:

I am claiming	Date of purchase	Foreign currency <i>(if applicable)</i>	Total in AUD \$	Office use only
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
		Total claim:	\$	

Reimbursement

Reimbursement amount: \$

per pay, over

pay(s)

Commencing:

/ /

Ending (if applicable):

/ /

Your nominated account will be reimbursed to:

EFT	Account name:
	BSB number:
	Account number:

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The Salary Packaging People