

Work related expenses form (payment request)

Employee details

Employer name:

NCB No.
(office use)

Employee

Date of birth:

Contact number:

Email:

Work related expense claims

Please attach invoice for each claimable item listed below:

I am claiming	Date of purchase	Foreign currency (if applicable)	Total in AUD \$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
Total claim:			\$	

Payment details

Your work related expense packaging funds will be paid to:

EFT	Account name:
	BSB number:
	Account number:

Continued

Work related expenses form (change to payroll deductions)

Deductions

The total amount of your claim can be divided over a number of pay periods or packed in one go. Please use the table below to indicate how much you would like to package per pay period.

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

Start Date (date must match your pay cycle): / /

NCB (<i>office use</i>)	Account type (<i>if applicable</i>)	Packaging amount per pay (\$)	Total (\$)



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:

/ /

Management Sign Off (please provide this form to your manager to approve before sending back to CBB)

Employer name and signature:

Date:

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**.