

# EXPENSES DECLARATION



## INSTRUCTIONS:

Please complete and sign this form in order for this expense payment to be made. Without this declaration we will be unable to reimburse you for the benefit item without you being liable for the Fringe Benefits Tax. Should you require any additional information please contact us on 1300 198 697.

**Please complete this form and email it to [Benefit@bility.com.au](mailto:Benefit@bility.com.au)**

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### NAME

I,

(Full name of the employee)

declare that the

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### EXPENSES

Expenses were incurred by me

from

(date) to

(date)

in relation to

benefit item.

*Please attach copies of the invoices. For a Fuel only claim, no copies are required.*

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### BANKING

Please transfer the reimbursement to my banking account

Name

BSB

Account number

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### DECLARATION

I declare that the aforementioned expenses were incurred by me and have not been claimed elsewhere.

#### DECLARATION

Signature

Date