GENERAL EXPENSES
EMPLOYEE CONTRIBUTION DECLARATION
(RESIDUAL BENEFIT)

This supplementary declaration to be completed if the University was reimbursed for any amount towards the cost of the benefit

I ................................................................................... (................................... ) declare that
(employee name) (employee number)
in relation to the ……………… (expense type) of $ ................... paid for by the University,

• $............. was an employee personal contribution and/or

• $............. was reimbursed by a third party.

I acknowledge that this declaration is true and correct.

__________________________   ___________________________   ______________________
Signature                  Printed Name                  Date

Business Unit Authorisation
(must be authorised by a 5b delegate or higher)

Please charge any FBT arising from the provision of this fringe benefit to: ____________________________   __________________

BU               PG

__________________________   ___________________________   ______________________
Signature                  Printed Name                  Date

__________________________   ___________________________   ______________________
Position Title              BU               Phone              Mail Bag #

Once completed, please send original declaration and copies of tax invoices to FS-Tax at M449.