



Please complete this form online and print for signing

EXPENSE PAYMENT BENEFIT DECLARATION

TO BE COMPLETED BY BUSINESS UNIT

DATE	<input type="text"/>	BU NAME	<input type="text"/>
BU NUMBER	<input type="text"/>	PREPARED BY:	<input type="text"/>

I, _____ declare that
 (name of the employee)

_____ (show nature of expense eg. telephone rental and/or calls)

to the value of \$ _____ (show value of expense)

were provided to me by or on behalf of my employer during the period from
 _____ 20____ to _____ 20____ and the expenses were incurred
 by me for the following purpose(s)

(Please give sufficient information to demonstrate the extent to which the
 expenses were incurred by you for the purpose of earning your assessable
 income.)

I also declare that the percentage of those expenses incurred in earning my
 assessable income was _____ %.

Signature _____

Date _____

Please provide the following information for accounting purposes:

PROJECT GRANT

BUSINESS UNIT AUTHORIZATION –
PLEASE REFER TO: [SIGNATORY REGISTER GUIDELINES FOR AUTHORISED SIGNATORIES](#)

AUTHORISED BY			SIGNATURE	<input type="text"/>
NAME (Print)	<input type="text"/>		BUSINESS UNIT NUMBER	<input type="text"/>
POSITION	<input type="text"/>		MAIL BAG	<input type="text"/>
DATE	<input type="text"/>	EXT	<input type="text"/>	<input type="text"/>
FORWARDING INSTRUCTIONS	<input type="text"/>			