



FRINGE BENEFIT DECLARATION FORM

Please return form to:

Please forward completed form, plus supporting documentation, attached to a 'Reimbursement Claim Form', to:

Postal Mail:

Accounts Payable
Level 8, 126 Margaret Street
Brisbane, QLD, 4000

OR

Email: qut.apinvoices@qut.edu.au

Approved Format for Expense Payment Fringe Benefits Declaration

I, _____ declare
(please write full name in CAPITAL LETTERS)

that expenses of \$ _____ for

(State nature of expenses eg telephone rental and/or calls)

were provided to me by or on behalf of my employer during the period from

_____ to _____

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 for earning your assessable income).

I also declare that the percentage of those expenses incurred in earning my assessable income

was _____ %.

Authorisation

I certify that the above details are correct as indicated.

Signature		Date	
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PLEASE NOTE – If you need assistance completing this form, please contact Senior Finance Officer (Taxation) on telephone: 3138 1586.

To ensure confidentiality of this information, please enclose the completed form (with attachments) in a sealed envelope marked 'Private and Confidential'.