EXPENSE **BENEFITS**

|  |  |
| --- | --- |
| BUSINESS NAME |  |

| EMPLOYEE NAME | DESCRIPTION OF EXPENDITURE\*i.e. telephone reimbursements | DATE PAID | COST(INC. GST) | BUSINESS RELATED % | AFTER-TAX EMPLOYEE CONTRIBUTIONS | IS EXPENSE LIKE YOUR OWN PRODCT? | MARKET VALUE UNDER SALARY SACRIFICE? |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | YES / NO | YES / NO |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |