Expense **BENEFITS**

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

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