Relocation costs form

Please complete the highlighted fields and return to Eziway: admin@eziway.net.au | PO Box 987 Pakenham Vic 3810 | eziway.net.au

Your details				
Title Prof Dr Mr Mx Mrs Ms Miss Other	First Name(s)		Family Name	
Payroll ID	Employer Name		Total Value	
Eligible Relocation Expo	enses			
Where your employer requires (subject to employer policy):	you to relocate your home fo	or work purposes, t	ne following expen	ses may be claimable as FBT Exempt
stamp duty	 furniture/household item removals/transport 			
advertising	 storage of furniture/household items 			
 legal fees 	 interim/temporary rental accommodation costs 			
 agent commission 	• connection of utilities			
I declare that these expenses	yer requires me to relocate for enses have not been claimed ble for any Fringe Benefits Ta	or reimbursed pre		
Signature				
Date	Signature			
/ /				
Payment instructions				
Please reimburse: once o	ff payment $\mathit{OR} \ \square$ over the	e next fortr	nights / pay cycles ((as per gross salary allows)
Confirm bank details		Bank Account	for deposit of	f funds
Account holder(s)		BSB		Account number
e.g. RA & MJ Williams		6 digits		max 9 digits

Disclaimers:

The information contained above on electronic and printed collateral is for information purposes only. Whenever you are making decisions that affect your income and financial affairs, you should consider seeking independent financial advice | E. & O. E. | Copyright 2024 Eziway Salary Packaging |

