



## WORK RELATED EXPENSES - 2023/2024

### TRAVEL

Tolls \$ \_\_\_\_\_ % Parking \$ \_\_\_\_\_ Accommodation \$ \_\_\_\_\_

Other expenses: (not reimbursed by work) \$ \_\_\_\_\_ (e.g. meals away)

Please explain reason for travel claim: \_\_\_\_\_  
\_\_\_\_\_

### EDUCATION/MEMBERSHIPS/SUBSCRIPTIONS (please list organisations)

Professional memberships \$ \_\_\_\_\_  
\$ \_\_\_\_\_

Subscriptions - periodicals \$ \_\_\_\_\_  
\$ \_\_\_\_\_

Training - conferences, seminars \$ \_\_\_\_\_ Licenses and Registrations \$ \_\_\_\_\_

Self education (e.g. fees, text) (other than HELP) \$ \_\_\_\_\_ Union Fees \$ \_\_\_\_\_

Stationery items \$ \_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

### TOOLS OF TRADE (please include details)

Tools of trade \_\_\_\_\_ \$ \_\_\_\_\_

Other details \_\_\_\_\_

Any equipment costing more than \$300, please provide the date of purchase or copy of receipt

### INSURANCE

Income Protection Premium paid \$ \_\_\_\_\_ (please provide Annual Statement)

Private Health Insurance Y  N  Spouse & Dependents covered Y  N

### PROTECTIVE

Sun protection - sunscreen, sunglasses, hats (if you work outdoors) \$ \_\_\_\_\_

Protective clothing or uniform costs and facemasks \$ \_\_\_\_\_

### MISCELLANEOUS

Donations \$ \_\_\_\_\_ Tax agent fees (if not ABF Partners) \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

**All expenses must be work related**

**When your total deductions exceed \$300, you must have substantiation documentation for all claims (receipts etc.)**