



WORK RELATED EXPENSES - 2024/2025

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.)