EXPENSE **BENEFITS**

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| --- | --- |
| 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?YES/NO | MARKET VALUE UNDER SALARY SACRIFICE?YES/NO |
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