



Name: _____

IN HOUSE SHOP

Amount: \$ _____ p.a.

Is this item used in relation to your employer's business? Yes No

NOTE: a maximum of \$500 can be packaged each year

SUBSTANTIATION REQUIRED

(a) Invoice

- A copy of the invoice attached to a "Claim Form" forwarded to Remunerator by the In House Shop after purchase.

Employee's Signature _____

Date ____/____/____