



# SCHEDULE 3

## EMPLOYEE EXPENSES CLAIM

# S04/IT01/IT05

Year of Assessment

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1. Name	2. Taxpayer Registration Number
3) List parishes travelled to and frequency of visits. (that is, daily/ weekly/ monthly/ annually)	
4) If you use your own transport for business purposes, please state: Type, make and year: _____ cc rating: _____ Average km. per litre: _____ Cost to you: \$ _____ Date of purchase: _____ <span style="float: right;">(year / month / day)</span>	
5) Approximate total mileage usage of the car during the year: _____ kilometres	
6) Approximate total mileage used for private purposes during the year: _____ kilometres	
7) Is vehicle still in use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8) If no, how was vehicle disposed of? <input type="checkbox"/> Sold <input type="checkbox"/> Scrapped <input type="checkbox"/> Stolen <input type="checkbox"/> Other, please state:	
9) If sold or scrapped, please state:    Amount realised: \$ _____ Date of sale: _____ <span style="float: right;">(year / month / day)</span>	

### Particulars of Expenses Claimed

*(Where an item is estimated, it should be so described and the basis of estimation stated).      Receipt bills for items may be requested.)*

<b>Motor Vehicle Expenses:</b>	
Petrol: _____ Litres at \$ _____ per Litre . . . . .	10
Oil: _____ Litres at \$ _____ per Litre . . . . .	11
Repairs, tyres, etc. . . . .	12
Motor Vehicle insurance . . . . .	13
Motor Vehicle Fitness & Registration . . . . .	14
Total Motor Vehicle Expenses <i>(Add Lines 10, 11, 12, 13 and 14)</i> . . . . .	15
<i>(Divide Line 6 by line 5 &amp; multiply by Line 15)</i>	16
Net Motor Vehicle Expenses relating to business purposes <i>(Subtract Line 16 from Line 15)</i> . . . . .	17

<b>Indirect Expenses:</b>	
Hotel expenses for the year:	
_____ nights at \$ _____ average per night . . . . .	18
Less estimated cost of living at home for the same period:	
_____ nights at \$ _____ average per night . . . . .	19
Net hotel expenses <i>(Subtract Line 19 from Line 18)</i> . . . . .	20
Other expenses . . . . .	21

<b>Reimbursed Amounts:</b>	
Amounts received from your employer(s) for:	
Subsistence . . . . .	22
Car allowance . . . . .	23
Other items <i>(please state)</i> . . . . .	24
Total Reimbursements <i>(Add Lines 22, 23 &amp; 24)</i> . . . . .	25
Net Amount Claimed <i>(Add Lines 17, 20 &amp; 21 &amp; subtract Line 25)</i> . . . . .	26

**Transfer "Net Amount Claimed" (Line 26 above) to Section B of annual return (S04 / IT05)**