

# Relocation Benefit Reimbursement Claim Form.

- Please sign and date this form. Incomplete claim forms will be returned to you. Please allow approximately 3 working days from Paywise's receipt of your claim form for it to be processed. Claim forms received after 4pm WST will be deemed received on the following business day.
- All reimbursements will be made to your nominated bank account by EFT.
- A copy of the tax invoice PLUS receipt or credit card statement must accompany a reimbursement request to enable payment.

## 1. Personal Details

Account Number:	Employer:
Name:	Email:
Contact Number:	Mobile Number:

## 2. Please reimburse me the following expenses:

Benefit	Supplier	GST	Total Amount
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Attach original tax invoice/s. Reimbursement will be made to yo ur previously nominated bank account.

## 3. Line Manager

By signing this you are confirming the employee was required to relocate in order to perform their work duties.

Signature:	Name in Print	Date: / /
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## 4. Employer Approval

Authorised Representative: by signing this form you are verifying that the above benefits are not being reimbursed to the employee through the Relocation Policy. You are also confirming that the expenses claimed relate directly to the employee's relocation.

Name:	Position:	
Signature:	Name in Print	Date: / /

## 5. Employee Declaration

I hereby declare that the attached tax invoice/receipts are for eligible expenses specified under the "Table of Relocation Benefits" and will not be used for any other tax deductible purpose. To substantiate my claim, I have attached the appropriate tax invoices and receipts to this form. I declare that these expenses were provided to me on behalf of my employer and were 100% attributable to relocating for work purposes. I understand that full payment cannot be made by Paywise if there are insufficient funds in my account at the specified payment date.

Signature:	Print Name:	Date: / /
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