Payment/Reimbursement Claim Form

paywise
salary packaging • novated leasing

IMPORTANT INFORMATION

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. Please provide copies of invoices or receipts and retain originals for your records.

1.Personal Details

Paywise Account Number	Home Contact Number:
First Name:	Work Contact Number:
Surname	Mobile Number:
Employer:	Email Address:

2. Claim Details

You can only claim one benefit per form. If you wish to claim for additional benefits please complete a separate reimbursement claim form. Claims made for multiple benefits will not be processed. Please use the Vehicle Expenses Claim form for all novated lease claims.

I would like to make a claim for:

3. Reimbursement Details

☐ I have previously provided my reimbursement account details to

☐ Paywise. My reimbursement account details are: *BSB: Account Number:

☐ I wish to change my reimbursement account details to: *BSB: Account Number:

4. Paywise to pay this benefit direct to the Supplier

☐ BPAY

Biller Code:	BPAY Reference:
Biller Name:	

5. Declarations

Please read and sign the declaration below:
I hereby declare that the attached tax invoices/receipts are for eligible salary packaging expenses allowed by my employer. These expenses have not been claimed elsewhere. 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 my assessable income where applicable. I understand that full payment cannot be made by Paywise if there are insufficient funds in my account at the specified payment date.

Please enter the TOTAL value of the receipts attached to this claim relating to the benefit above: $ (including GST)

☐ I have supplied the appropriate tax invoice/s and receipt/s for this claim, please pay/reimburse accordingly.

Signature: Print Name: Date: / /