

# Relocation Benefit Reimbursement Claim Form - WA Health.

- 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:
Payroll Number/ID:	

## 2. Please reimburse me the following expenses:

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

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

## 3. Employee Declaration

I hereby declare that the attached tax invoices / receipts are for relocation expenses as outlined by the packaging agent and will not be used for any other tax deductible purpose. I declare that the expenses claimed have not been otherwise paid or reimbursed by my employer and were incurred as a result of my relocation for work purposes.

Signature:	Print Name:	Date: / /
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## 4. Line Manager

I confirm the employee was required to relocate for work purposes.

Signature:	Print Name:	Date: / /
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## 5. Employer Approval (Tier 3 Delegate as per WACHS Authorities and Delegation Schedule S108)

I have sought advice from regional Finance to confirm that the expenses outlined in this claim have not been paid by WACHS or previously reimbursed to the employee.

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