Remote Area 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.

1. Personal Details					
Account Number:		Employer:			
Name:		Email:			
Contact Number:		Mobile Number:			
Work Address:		Home Address:			
2. Please reimburse me the following expens	ses:				
Benefit		Total Amount	GST	S	Substantiation
Remote Area Housing (Employer provided)		\$	\$	Agree	ement attached
Remote Area Rent*		\$	\$	Agree	ement attached
Remote Area Interest*		\$	\$	State	ment attached
Remote Area Utilities*		\$	\$	Invoid	e/s attached
3. Reimbursement Details I have previously provided my reimbursement account		nated bank account.			
My reimbursement account details are: BSB:		Account Number:			
I wish to change my reimbursement account details to: BSB:		Account Number:			
4. Employee Approval I hereby declare that I live and work in a Remote Area (as substantiation to this form. I declare that these expenses income where applicable and will not be used for any oth are insufficient funds in my account at the specified payment.	were provided to me on beer tax-deductible purpose.	ehalf of my employer and	d were 100% attri	butable t	to my assessable
Signature:	e: Name in Print		Date:	/	/
5. Employer Declaration					
I hereby declare that the employee named above lives at package Remote Area benefits.	nd works in a Remote Ar e	a (as defined by the Aust	ralian Tax Office)	and is e	eligble to salary
Signature:	Print Name:		Date:	/	/