

Ongoing Expense Declaration.

1. Details

First Name:	Last Name:
Paywise Member Number:	Phone:
Email:	
Employer:	

2. Items

The following items are ongoing expenses as per the amount and frequency specified. I will notify Paywise immediately if there are any changes to the items below.

Packaged Item	Amount (\$)	Frequency*

* Frequency M = Monthly
 F = Fortnightly
 W = Weekly

3. Reimbursement Details (Paywise to reimburse this benefit to my reimbursement account)

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. Declaration

- I declare that these expense items are ongoing expenses as per the specified amount and frequency nominated above and that I have incurred the expenses salary packaged for an amount at least to the value of the amount nominated. I understand that this declaration is to apply to the above stated benefit and to any identical benefit for a period up to five years from the date of this declaration.
- I acknowledge that Paywise will reimburse my account automatically each pay period for these ongoing expenses and that this declaration will also be revoked if another ongoing expense declaration is provided in respect of a subsequent identical benefit.
- On request by Paywise, my employer or the Australian Taxation Office I will be able to provide substantiation to verify the expenses incurred. Acceptable substantiation is a Tax Invoice/Receipt or a bank/credit card statement.
- I acknowledge that my employer has appointed Paywise to provide salary packaging services to their employees.
- I indemnify my employer and Paywise against all costs, losses, outgoings and liabilities including, without limitation, any penalties and general interest incurred by my employer arising from any failure on my part to provide the required substantiation or any inaccuracies or omissions in this declaration.
- Identical benefits are the same in all respects except for any differences that are minimal or insignificant, or that relate to the value of the benefits, or to a change in the deductible proportion of 10 percentage points or less.

I confirm that the information provided is true and correct (Must be ticked)

Signature:	Print Name:	Date: / /
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