

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 your previously nominated bank account.

3. 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: / /

4. 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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