

# Payment and reimbursement form

Complete this form to be reimbursed for expenses you have already paid.

Send completed form to [customerservice@accesspay.com.au](mailto:customerservice@accesspay.com.au) or post to PO Box 1238 Adelaide SA 5001

## Section 1. Help us identify you

**First name:** \_\_\_\_\_  
**Surname:** \_\_\_\_\_  
**Date of birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**Subscriber number:** \_\_\_\_\_

**Employer name** \_\_\_\_\_  
**Mobile number:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_

## Section 2. Reimbursement details

Let us know where you would like the reimbursement to be paid.

**BSB:** (max 6 digits) \_\_\_\_\_  
**Account number:** (max 9 digits) \_\_\_\_\_

Would you like your payment to be:

- Paid from a balance held in your AccessPay account  
 An additional amount requested from payroll  
 Updating documentation for current payment

## Section 3. Outline your salary packaging payments

Please outline the total claim per benefit payment required.

See **Section 6. Supporting documentation** on page 2 for the supporting documentation required for your payments. Where no supporting documentation is provided, payments will not be made.

| Benefit type  | Total claim amount | GST (if applicable) |
|---|--------------------|---------------------|
| Mortgage repayment (excluding investment properties)                                  | \$                 | \$                  |
| Personal loan repayment   | \$                 | \$                  |
| Rent  | \$                 | \$                  |
| Credit card   | \$                 | \$                  |
| Education payments (school fees, child care, HELP)                                    | \$                 | \$                  |
| Health insurance  | \$                 | \$                  |
| Household bills (rates, power, groceries etc.)  | \$                 | \$                  |
| Entertainment Benefits (dine-in meals, holiday accommodation and car hire, and taxis) | \$                 | \$                  |
| Other. Please specify.  | \$                 | \$                  |
| <b>Total:</b>   | \$                 | \$                  |

## Section 4. Declaration

I declare that:

- Neither I nor an associate are claiming the amounts on this form through any other salary packaging facility, nor are the amounts being paid or reimbursed by my employer (or an associate's employer), and are not being (and will not be) used for any other tax deductible purpose.
- The total amount being claimed on this form is for previously unclaimed purchases only and not for cash advances, purchases where funds have been returned or an outstanding balance of previously claimed transactions.
- I understand I may be subject to an Australian Tax Office (ATO) audit at any time and may incur a future tax liability on any funds received without legitimate documentation and/or proof of occurrence.

Substantiation and Compliance Declaration and Warranty:

- I have attached copies of documentation to substantiate this claim and warrant that the total amount claimed in this form is substantiated by the attached documentation.
- I declare and warrant that I hold (and will continue to hold) original documentation to substantiate any expenses that are or become included in the salary packaging arrangement provided to me by my employer from time to time. I understand that I am required to retain such documentation for a period of seven years.
- I agree to indemnify my employer from and against any Fringe Benefits Tax liability incurred as a result of the parties entering into this salary packaging arrangement, including, without limitation, where I am not able to produce original documentation to support any expenses when requested to do so by you or my employer.

## Section 5. Checklist

- I have completed my claim details on this page  
 I have signed this form below.  
 I have read and agreed to the **Section 4. Declaration.**  
 I have included all pages of my supporting documentation with this claim form

By signing below, you agree to the Section 4. Declaration and have provided all supporting documentation and payment information. You may sign your name physically or by using a certified electronic signature that verifies the date and time that you applied your electronic signature. By doing so, you consent to the terms and conditions applicable to this form.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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## Section 6. Supporting documentation.

Where no supporting documentation is provided, payments will not be made.

| Expense type  | Documentation required  |
|---|---|
| Mortgage repayment (excluding investment properties)  | Current statement showing the BSB, account number, amount owing and 2 consecutive payments.   |
| Personal loan repayment   | Current statement showing the BSB, account number, amount owing and 2 consecutive payments.   |
| Rent  | Current lease or rental declaration showing your name, address, rent amount, length of lease and proof of 2 consecutive payments.           |
| Credit card   | Credit card statement showing amount owing and up to 12 months' worth of statements.  |
| Education payments (school fees, child care, HELP)  | Invoice showing amount owing and proof of up to 12 months' worth of payments.   |
| Health insurance  | Policy document showing the amount owing and proof of 2 consecutive payments.   |
| Household bills (rates, power, groceries etc.)  | Invoice showing payment details, amount owing and proof of payment. If this payment includes GST, the tax invoice must show the GST amount. |
| Entertainment Benefits<br>Includes dine-in meals, holiday accommodation and car hire, and taxis | Invoice showing amount owing and proof of payment.  |