Claim form – expense reimbursement

AccessPay

Please complete all sections of this form to claim a reimbursement for an expense you have already paid.
Send your completed form to **customerservice@accesspay.com.au**

Section 1: Your details

Package ID		Employer name	
First name		Last name	
Date of birth	DD/MM/YYYY	Phone	
Email address			

Section 2: Your bank account details

Please transfer funds to the account below

◯ Please pay to my default bank account **OR** ◯ Please pay to the bank details below

BSB number		Account number	
Account name		Reference	

Section 3: Reimbursement details

Please confirm the total amount claimed per benefit payment

Expense dates (DD/MM/YY)	Expense description	Over how many pay cycles**?	Total claim amount	GST (if applicable)
to			$	$
to			$	$
to			$	$
to			$	$
to			$	$

For certain benefits you have agreed to hold and continue to hold original documentation to substantiate these annual expenses. For other benefits you will be required to supply documents. Examples of the supporting documents needed for each payment and whether you need to provide them or hold them, can be found at accesspay.com.au/supporting documents.

Section 4: Declarations

I declare that:

1. 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 associate's employer), and are not being (and will not be) used for any other tax deductible purpose.
2. 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 agree that I will be responsible for paying any FBT liability resulting from the submission of a duplicate claim.
3. I understand I may be subject to an Australian Taxation 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.
4. I have read the current AccessPay Terms & Conditions – available at accesspay.com.au/terms-and-conditions/ and agree to be bound by them in relation to my salary packaging activities.

Substantiation and Compliance Declaration and Warranty

5. I have attached copies of documentation to substantiate this claim and warrant that the total amount claimed on this form is substantiated by the attached documentation.
6. 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 package provided to me by my employer from time to time. I understand that I am required to retain these records for a period of seven years.
7. 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 expense when requested to do so by you or my employer.

Signature*		Date	DD/MM/YY

* By signing above, you agree to the Section 4 - Declarations 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.

** If this field is not completed and the reimbursement is $50 or more, it will be paid over the remaining pay cycles of the FBT year.