

Benefits Claim Form

First Name: _____ Last Name: _____

My Employer: _____ ID: _____

Date of Birth: _____ Contact Phone: _____

Contact Email: _____

PLEASE ENTER THE DETAILS OF THE ITEMS YOU ARE CLAIMING IN THE FIELDS BELOW

RECEIPT DATE	PAYMENT FOR	TOTAL AMOUNT

Please select from the following:☐ I would like to be reimbursed to my bank account on file☐ Please make the payment to my nominated account:

Account Name/s: _____

BSB: _____ Account Number: _____

EMPLOYEE DECLARATION- You MUST complete this section for all claims☐ I have included all invoices for my claims☐ I have provided proof of payment for all my claims**What happens now?**

We will organise this payment for you. If you don't have enough funds in your Salary Packaging account to make this payment in full, we will pay the expense as the funds become available.

Signature: _____

Date: _____

Submit this form:FAX to **07 5451 0822** or email to **salpac@faa.net.au**