

Reimbursement Claim Form

Direct reimbursements will only be paid if you attach proof of payment ie receipt or tax invoice noting your payment. Please fax claim to (07) 333 17 200 or email to accounts@spnt.com.au

Please note all payments/reimbursements will be processed every Tuesday and Friday. Should your claim miss the current processing run, it will be processed in the next payment run. Direct reimbursements will only be paid if you attach Tax Invoices and or receipts of full payment and/or a recurring contract.

Full Name :
 Package Number :
 Employer :

Your best day time contact number :

I declare that the tax invoices and/or receipts are for expenses incurred privately by myself and are not used for any other tax deductible purpose.

Details of Expenses and Method of Claim:

Payment **Direct to Supplier** (ie SPNT will pay the supplier on your behalf). Please make sure payment details are on the Tax Invoice, if on the back, please ensure you fax that page also. If your supplier requires immediate payment, or has short credit terms, we recommend you pay the account up front, and complete the 'Reimbursement to you' section below, and we will deposit the funds directly into your nominated account.

FOR PAYMENT TO BE MADE DIRECT TO SUPPLIER, PLEASE COMPLETE TABLE 1

TABLE 1 Supplier name, & description of item:	Amount
Total:	

FOR PAYMENT TO BE REIMBURSED TO YOU PLEASE COMPLETE TABLE 2

TABLE 2 Description of expense to be reimbursed to you:	Amount
Total:	

Your reimbursement must be paid into a bank account. The bank account you nominated when signing up will be used as a default. Should you wish for the funds to go to a different bank account, please provide details here: A/C Name.....BSB#.....A/C#.....

Should you have insufficient funds to make full payment to your supplier, we will contact you on the number provided above. Should you have insufficient funds for a full reimbursement to yourself, we will defer payment of your claim until enough funds have accrued to enable full payment to your nominated account.

Signed By Employee

..... Dated / /