

Additional Evidence Form



Use this form to provide additional evidence for your salary packaging expense items to ensure continual payments to your nominated accounts.

1. Your Details *(Please confirm who you are and where you work):*

Organisation Name:	Payroll No:
Full Name:	Salary Options Unique ID:

2. Additional Evidence Details

Please add up the total value of your evidence for each expense item and complete the details below. Provide copies and attach the documents to this form. Keep originals for your own records.

Expense Item	Description of Evidence <i>(For Example: Credit Card Purchases for July 2011)</i>	Amount
		\$
		\$
		\$
		\$

3. Bank Details

I request reimbursement to be made to the following account.
If same account please write, "**Same account as current**":

Account Name	Bank	BSB Number (or Biller Code for Credit Card)	Account Number or Credit Card Number	Transaction Reference Number

3. Declaration

I declare that:

- I have not previously claimed these expenses through my Salary Packaging arrangement with the above stated organisation.
- I have not previously claimed these expenses through Salary Packaging.
- All evidence supplied has been paid for by myself or my partner and have not been reimbursed by any other party.

Signature:

Date: / /