



**HUMAN RESOURCES
SALARY PACKAGING—REIMBURSEMENT CLAIM FORM**

SECTION 1 - EMPLOYEE DETAILS

Employee number Employee Name

Mailbag Phone No

SECTION 2 - TERMS AND CONDITIONS

I have read and understood UWA's terms and conditions held within my salary packaging agreement and agree to abide by these rules and any changes, which may be applied from time to time. I will notify Human Resources of any changes to my salary packaging and will not hold UWA liable for any loss associated with salary packaging by me. I understand that salary packaging may not be retrospective and that I am obliged to give a minimum of two weeks notice for packaging arrangements to be processed/amended.

SECTION 3 - AUTHORISATION & EMPLOYEE DECLARATION

I, the Employee named above, declare that the above expenses have been negotiated with the University to be deducted via Salary Sacrifice in accordance with the Terms and Conditions of the University's Salary Packaging Program and as otherwise directed by the University.

Employee signature Date (dd/mm/yy)

This authority remains in place until amended or cancelled by me in writing or cessation of my employment with UWA.

I have attached a Request to Package Item form (where relevant) that complements the attached receipts

SECTION 4 - REIMBURSEMENT DETAILS

(a) **Original tax invoice and/or proof of payment** (where product, cost and GST are clearly identifiable) must be attached before reimbursement is made.

Description of Reimbursement Claim List each claim separately		Amount Claimed	
Claim 1			
Claim 2			
Claim 3			
Claim 4			
Claim 5			
TOTAL CLAIM		\$	

SECTION 5 - HR SYSTEMS & EMPLOYEE BENEFITS USE ONLY

Date Received (dd/mm/yy) XLS Updated (dd/mm/yy)

Date Processed (dd/mm/yy)