Paradigm
The easy way to better pay

# PAYMENT / REIMBURSEMENT CLAIM FORM

***Please complete this form and return to Paradigm Reimbursements***
***PO Box 5639 Perth WA 6831 | F: 1300 737 285 | E: reimbursements@paradigmtsm.com.au***

**IMPORTANT INFORMATION**
**Please sign and date this form. Incomplete claim forms will be returned to you. Please allow approximately 3 working days from Paradigm's receipt of your claim form for it to be processed. Claim forms received after 4pm WST will be deemed received on the following business day. Please provide copies of invoices/receipts and keep originals for your records.**

## 1. PERSONAL DETAILS

| | | | |
|---|---|---|---|
| *Paradigm Number:* | | *Home Contact Number:* | |
| *First Name:* | | *Work Contact Number:* | |
| *Surname:* | | *Mobile Number:* | |
| *Employer:* | | *Email:* | |

## 2. CLAIM DETAILS

You can only claim one benefit per form. If you wish to claim for additional benefits please complete a separate reimbursement claim form. Claims made for multiple benefits will not be processed. ***Please use the Vehicle Expenses Claim form for all novated lease claims.***

I would like to make a claim for _____

## 3. REIMBURSEMENT DETAILS *(PARADIGM TO REIMBURSE THIS BENEFIT TO MY REIMBURSEMENT ACCOUNT)*

☐ I have previously provided my reimbursement account details to Paradigm.

☐ My reimbursement account details are shown below:

BSB: ☐☐☐ - ☐☐☐ Account Number: ☐☐☐☐☐☐☐☐☐

☐ I wish to change my reimbursement account details to:

BSB: ☐☐☐ - ☐☐☐ Account Number: ☐☐☐☐☐☐☐☐☐

## 4. PARADIGM TO PAY THIS BENEFIT DIRECT TO THE SUPPLIER

☐ ***Electronic Funds Transfer (EFT)***

| | |
|---|---|
| *Supplier Name:* | |
| *Reference:* | |
| *Bank Name:* | |

BSB: ☐☐☐ - ☐☐☐

Account Number: ☐☐☐☐☐☐☐☐☐

☐ ***BPay***

| | |
|---|---|
| *Biller Code:* | |
| *BPay Reference:* | |
| *Biller Name:* | |

***Please contact Paradigm if cheque payment is required.***

## 5. DECLARATION

***Please read and sign the declaration below:***
I hereby declare that the attached tax invoices/receipts are for eligible salary packaging expenses allowed by my employer. These expenses have not been claimed elsewhere. To substantiate my claim, I have attached the appropriate tax invoices and receipts to this form. I declare that these expenses were provided to me on behalf of my employer and were 100% attributable to my assessable income where applicable. I understand that full payment cannot be made by Paradigm if there are insufficient funds in my account at the specified payment date.

Please enter the TOTAL value of the receipts attached to this claim relating to the benefit above: $ _____
***(including GST)***

☐ I have supplied the appropriate tax invoice/s and receipt/s for this claim, please pay/reimburse accordingly.

Signature: _____ Date: _____