



**Salary Packaging Reimbursement Claim Form**

Name:..... Payroll Number.....  
Phone Number:.....

**Please complete all sections Below**

**Reimbursement Methods:** (please circle below)

- Option 1 – Payment of my claim to be made in full  
Where sufficient funds are not available the claim will be held until further payments are received
- Option 2 – Establish a regular reimbursement payment to my nominated bank account until the claim has been paid in full
- Option 3 – I have attached receipts to the value of \$9095 or \$16050

Establish a regular reimbursement payment to my nominated bank account until the claim has been paid in full

**Salary Packaging Expenses Incurred:**

( you must include details of every Tax invoice attached )

Reimbursement Description	Amount
1- .....	\$.....
2- .....	\$.....
3- .....	\$.....
4- .....	\$.....

**Nominated Bank Account for Reimbursement:**

Account Name: .....  
BSB: .....  
Account number:.....

**Declaration**

I ..... hereby authorise Aiim Financial Services to make the above changes to my personal and/or packaging arrangements.

Signature:.....  
Date:.....-

**Return Forms Via**

Aiim Financial Services  
PO Box 1026  
Wodonga Vic 3690

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Phone No. 02 60566900  
Email: reception@aiim.com.au